

February 26, 2019

1

1 IN THE DISTRICT COURT OF CLEVELAND COUNTY

2 STATE OF OKLAHOMA

3 STATE OF OKLAHOMA, ex rel.  
4 MIKE HUNTER, ATTORNEY GENERAL  
OF OKLAHOMA,  
Plaintiff,

5 vs.

Case No. CJ-2017-816

6 PURDUE PHARMA, L.P.; PURDUE  
7 PHARMA, INC.; THE PURDUE  
FREDERICK COMPANY; TEVA  
8 PHARMACEUTICALS USA, INC.;  
CEPHALON, INC.; JOHNSON &  
9 JOHNSON; JANSSEN PHARMACEUTICALS,  
INC.; ORTHO-McNEIL-JANSSEN  
10 PHARMACEUTICALS, INC., n/k/a  
JANSSEN PHARMACEUTICALS, INC.;  
11 JANSSEN PHARMACEUTICA, INC.;  
ALLERGAN, PLC, f/k/a ACTAVIS,  
12 INC., f/k/a WATSON  
PHARMACEUTICALS, INC.; WATSON  
13 LABORATORIES, INC.; ACTAVIS, LLC  
and ACTAVIS PHARMA, INC., f/k/a  
14 WATSON PHARMA, INC.,  
Defendants.

15  
16 VIDEOTAPED DEPOSITION OF SCOTT FISHMAN, M.D.

17 February 26, 2019

18 9:43 a.m.

19  
20 4860 Y Street, Suite 3020

21 Sacramento, California

22  
23 REPORTED BY:

24 MARYANN H. VALENOTI

25 CSR #11266, RPR, CRR

## A P P E A R A N C E S

## FOR THE PLAINTIFF:

NIX, PATTERSON & ROACH, LLP  
LISA BALDWIN, ESQ.  
BROOKE CHURCHMAN, ESQ.  
512 NORTH BROADWAY AVENUE, SUITE 200  
OKLAHOMA CITY, OKLAHOMA 73102  
405.516.7800  
lbaldwin@nixlaw.com  
bchurchman@nixlaw.com

## FOR JOHNSON &amp; JOHNSON and JANSSEN:

O'MELVENY & MYERS, LLP  
HOUMAN EHSAN, M.D., ESQ.  
RYAN SNYDER, ESQ. (TELEPHONICALLY)  
400 SOUTH HOPE STREET  
LOS ANGELES, CALIFORNIA 90071  
213.430.6000  
hehsan@omm.com  
rsnyder@omm.com

FOR TEVA PHARMACEUTICALS USA, INC.; and CEPHALON,  
INC.:

MORGAN, LEWIS  
BRIAN M. ERCOLE, ESQ.  
200 SOUTH BISCAYNE BOULEVARD, SUITE 5300  
MIAMI, FLORIDA 33131-2339  
305.415.3416  
brian.ercole@morganlewis.com

## FOR PURDUE DEFENDANTS:

DECHERT, LLP  
WILLIAM W. OXLEY, ESQ.  
MARGARET O'CONNOR, ESQ. (TELEPHONICALLY)  
633 WEST 5TH STREET, SUITE 4900  
LOS ANGELES, CALIFORNIA 90071  
213.808.5700  
william.oxley@dechert.com  
margaret.o'connor@dechert.com

February 26, 2019

(APPEARANCES CONTINUED)

FOR THE WITNESS:

GORDON, REES, SCULLY, MANSUKHANI  
JOHN ROBINSON, ESQ.  
STEVEN ZAKRZEWSKI, ESQ.  
HANNAH REED, ESQ. (TELEPHONICALLY)  
95 GLASTONBURY CONNECTICUT 06033  
860.278.7448  
jrobinson@gordonrees.com  
szakrzewski@gordonrees.com  
hreed@grsm.com

ALSO PRESENT:

KEIGO PAINTER, VIDEOGRAPHER  
DAVID LEVINE, ESQ. (UC DAVIS)

Scott Fishman, M.D.  
February 26, 2019

4

INDEX TO EXAMINATION

WITNESS: SCOTT FISHMAN, M.D.

EXAMINATION	PAGE
By Ms. Baldwin	12
By Mr. Ercole	279

U.S. LEGAL SUPPORT  
(877) 479-2484

February 26, 2019

5

## INDEX TO EXHIBITS

SCOTT FISHMAN, M.D.

STATE OF OKLAHOMA v. PURDUE PHARMA, L.P., et al.

Tuesday, February 26, 2019

Maryann Valenoti, RPR, CRR, CSR #11266

MARKED	DESCRIPTION	PAGE
Exhibit 1	Curriculum Vitae of Scott M. Fishman, M.D.	24
Exhibit 2	Various Documents, top page Program Detail-139651, with handwriting	37
Exhibit 3	E-mail chain, top dated 8/23/10, from Takeshita Takashi, to Scott Fishman	42
Exhibit 4	Memo, 1/25/07, from Cephalon, to Legal Department, with attached Independent Educational Program Grant Agreement	45
Exhibit 5	NUCYNTA & NUCYNTA ER 2012 Business Plan, 12/12/12	49
Exhibit 6	E-mail chain, top dated 1/5/07, from Haya Taitel, to Gregory Imber, with attached Janssen Duragesic KOL Mapping Analysis, 2/18/04	62
Exhibit 7	Key Opinion Leader (KOL) Development Plan for Cephalon Pain Franchise, 2/4/05	93
Exhibit 8	Purdue Guidelines for Non-Promotional Activities by Scientific and Medical Personnel-Status Update	142
Exhibit 9	Purdue Pharma Corporate Reputation and Visibility Strategic Plan, 1/21/11	146
Exhibit 10	Summary of Payments by Name and Year (1997-May 8, 2012)	154
Exhibit 11	Information provided by Teva re payments made to third-party organizations	158
Exhibit 12	Summary of Payments Made In Response to Senate Finance Committee dated 6/8/12	162

## INDEX OF EXHIBITS CONTINUED

MARKED	DESCRIPTION	PAGE
Exhibit 13	HSGAC Minority Staff Report, "Fueling an Epidemic"	165
Exhibit 14	E-mail chain, top dated 12/6/11, to Will Rowe, from Mary Vargas	171
Exhibit 15	E-mail chain, top dated 11/22/11, from Will Rowe, to Mary Vargas	177
Exhibit 16	E-mail chain, top dated 1/15/12, Scott Fishman, to Mary Vargas	182
Exhibit 17	E-mail, 8/5/10, with attached American Pain Foundation Executive Summary	188
Exhibit 18	E-mail chain, top dated 7/15/08, from Burt Rosen, to Kimberly Tiller	196
Exhibit 19	Document entitled "Exit Wounds"	203
Exhibit 20	Pain Brief Advocacy & Policy Monthly, 2011	210
Exhibit 21	NUCENTA Immediate Release (tepentadol) Launch Plan, Ketchum Public Relations, 7/8/09	215
Exhibit 22	Partners Against Pain Magazine, Pain Matters, Issue 7	222
Exhibit 23	Memorandum, 11/6/00, from Robin Hogan, to Mark Alfonso	224
Exhibit 24	2012 Individual Objectives for Burt Rosen	232
Exhibit 25	E-mail chain, top dated 5/29/97, from Michael Friedman, to Michael Cullen	239
Exhibit 26	Excerpt from "Responsible Opioid Prescribing, A Physician's Guide," by Scott Fishman, M.D.	247
Exhibit 27	Letter, 6/8/12, from Federation of State Medical Board, to Senators Baucus and Grassley	249
Exhibit 28	E-mail, 8/27/11, from Joshua Horwitz, to Lisa A. Robin	257
Exhibit 29	Government's Memorandum for Entry of Plea and sentencing, U.S. v. Cephalon	266
Exhibit 30	Guilty Plea Agreement, U.S. v. Cephalon	271
Exhibit 31	Incident Report Editing of Scott Fishman Pain Book	275

1 SACRAMENTO, CALIFORNIA

2 Tuesday, February 26, 2019 9:43 a.m.

3

4 THE VIDEOGRAPHER: Good morning. We are  
5 on the video record. This is the recorded video  
6 deposition of Scott Fishman in the matter of State  
7 of Oklahoma versus Purdue Pharma, LP, et al. It is  
8 being heard in the District Court of Cleveland  
9 County, State of Oklahoma.

10 The video is being taken on behalf of the  
11 Plaintiffs. The deposition is taking place at 4860  
12 Y Street, Suite 3020, Sacramento, California, 95817  
13 on February 26, 20019. The time is 9:43. My name  
14 is Keigo Painter, I'm the videographer with U.S.  
15 Legal Support located at 44 Montgomery Street,  
16 Suite 550 in San Francisco, California.

17 Video and audio recording will be taking  
18 place unless all counsel have agreed to go off the  
19 record. Would all present please present  
20 themselves for the record beginning with the  
21 witness.

22 THE WITNESS: Scott Fishman.

23 MS. BALDWIN: Lisa Baldwin for the State  
24 of Oklahoma.

25 MS. CHURCHMAN: Brooke Churchman with Nix,

1 Patterson for the State.

2 MR. OXLEY: Hi, Bill Oxley from Dechert.

3 I'm representing Purdue.

4 MR. ERCOLE: Brian Ercole, Morgan Lewis on  
5 behalf of the Teva defendant.

6 MR. EHSAN: Houman Ehsan from O'Melveny &  
7 Myers on behalf of the Johnson & Johnson  
8 defendants.

9 MR. ZAKRZEWSKI: Steve Zakrzewski of  
10 Gordon & Reese for Scott Fishman.

11 MR. ROBINSON: John Robinson of Gordon &  
12 Rees for Dr. Fishman, accompanied Hannah Reed of  
13 our Oakland office, also for Dr. Fishman on the  
14 phone.

15 MS. REPORTER: Would counsel on the phone  
16 please state their appearance.

17 MR. SNYDER: Ryan Snyder for O'Melveny &  
18 Myers on behalf of Janssen.

19 MS. REED: Hannah Reed from Gordon & Rees,  
20 Oakland on behalf of Dr. Fisher.

21 MS. O'CONNOR: Margaret O'Connor from  
22 Dechert on behalf of Purdue.

23 THE VIDEOGRAPHER: The certified court  
24 reporter is Maryann Valenoti. Would you please  
25 swear in the witness.

1 SCOTT FISHMAN, M.D.

2 having been first duly sworn, was examined and

3 testified as follows:

4 MR. ROBINSON: Just before we get going,  
5 just for the record, there were efforts at a  
6 document subpoena and a deposition subpoena for  
7 Dr. Fishman served by the Purdue defendants in this  
8 matter.

9 We have come to an agreement, which I will  
10 not revisit in great detail. It is the subject of  
11 many e-mails which culminated in an agreement as it  
12 relates to the deposition of Dr. Fishman continuing  
13 beyond that as originally noticed and subpoenaed by  
14 the Plaintiff in the State of Oklahoma, and we are  
15 proceeding in accordance with that agreement.

16 My understanding is the State has up to  
17 five hours of examination and that the collective  
18 Defendants have up to six hours of examination  
19 thereafter, based on our agreement.

20 There is certainly, at this point in time,  
21 not a complete agreement as it relates to document  
22 production, as it relates to a document subpoena  
23 that was provided to counsel where service was  
24 accepted, but the agreement as it relates to the  
25 timing of the deposition and whether there would be

1 ever any future attempts at deposition is in place.

2 MR. OXLEY: Luckily, I'm blissfully  
3 ignorant of the discussions about that, but I  
4 totally accept your representations about what it  
5 is.

6 MR. ROBINSON: All right. The only other  
7 thing I'll say is neither Attorney Zakrzewski, nor  
8 I are admitted in the state of Oklahoma, nor in the  
9 state of California. We have Hannah Reed, who is  
10 admitted in the state of California, on the line.  
11 We understand all parties agree there are no issues  
12 with lack of Oklahoma or California admission by  
13 those counsel in attendance.

14 MS. BALDWIN: I agree.

15 MR. ERCOLE: John, just for the record, I  
16 know you mentioned the e-mail exchanges that we've  
17 had regarding this particular agreement. I think  
18 they spell out some other issues regarding  
19 potentially reopening the deposition, if you needed  
20 it at a later date, depending on document-related  
21 issues and subject to further discussions between  
22 us. But I just want to make sure that was clear,  
23 and I think the e-mails will speak for themselves.  
24 I just wanted to make sure.

25 MR. ROBINSON: I agree there are

1 conditions in the agreement that could allow  
2 potential for a future deposition after a dialogue  
3 among counsel.

4 MS. BALDWIN: And I will state for the  
5 record that I was not subject to any of these  
6 discussions, and I am not in agreement to keep the  
7 deposition open, but we can certainly visit about  
8 it at a later time.

9 MR. ROBINSON: Yeah, just for the record,  
10 this has nothing to do with keeping this deposition  
11 open. It has to do with whether the three  
12 defendants that are defending the Oklahoma case  
13 will seek the deposition of this deponent in any  
14 other case or elsewhere in the litigation.

15 MS. BALDWIN: Okay.

16 MR. EHSAN: Before we begin, can we agree  
17 on the record that an objection by one of the  
18 manufacturer Defendants will be considered an  
19 objection by all of them, so we are not all  
20 objecting while you are asking questions?

21 MS. BALDWIN: For today's deposition, yes.

22 MR. ROBINSON: Can we agree that an  
23 objection by any party at all is good for all  
24 parties so that we don't have to all -- all be  
25 revisiting objections?

1 MS. BALDWIN: So you're saying you want to  
2 agree that if you object, that preserves the  
3 objection of the Defendant?

4 MR. ROBINSON: If the Defendants object to  
5 something, do you want me to -- if I happen to  
6 object -- I mean, Dr. Fishman is a Defendant in  
7 other cases, even though not a Defendant in this  
8 case in the country. So if a question is posed  
9 that I want to object to, I need to preserve that.  
10 But if they object on the same basis, are we in  
11 agreement that once one party objects, it's  
12 accomplished, and I don't need to revisit the same  
13 objection?

14 MS. BALDWIN: That's fine. That's fine.

15 MR. ROBINSON: Okay. Thanks.

16 EXAMINATION

17 BY MS. BALDWIN:

18 Q. We just met previously, but can you please  
19 state your name on the record for the judge and  
20 jury?

21 A. Scott Fishman.

22 Q. And what is your current position?

23 A. I'm professor and executive vice chair of  
24 the Department of Anesthesiology. I'm the  
25 Fullerton endowed chair of Pain Medicine here at UC

1 Davis and the director of the Center for Advancing  
2 Pain Relief.

3 Q. And how long have you been in that  
4 position?

5 A. Well, I've been here at UC Davis 20 years  
6 and various amounts of time for those different  
7 titles.

8 Q. Is it correct to say that you've been a  
9 professor of anesthesiology at the University of  
10 California, Davis since 2003?

11 A. Yes.

12 Q. And is it correct to say that you -- prior  
13 to that, you were an associate professor of  
14 anesthesiology at the University of California  
15 Davis?

16 A. Correct.

17 Q. And prior to 1999, you were at  
18 Massachusetts General Hospital?

19 A. Yes.

20 MS. BALDWIN: Did you swear in the  
21 witness?

22 MS. REPORTER: Yes.

23 BY MS. BALDWIN:

24 Q. You understand that you are here to tell  
25 the truth today as best you know it?

1 A. Yes.

2 Q. You understand that I represent the State  
3 of Oklahoma in a litigation against certain opioid  
4 manufacturers, including Janssen and Johnson &  
5 Johnson, Ortho-McNeil, Teva, Cephalon, and related  
6 entities?

7 A. I do.

8 Q. And you understand that their -- those  
9 entities, those drug companies, are represented by  
10 counsel that are sitting here in this room?

11 MR. EHSAN: Object to form.

12 THE WITNESS: I do.

13 BY MS. BALDWIN:

14 Q. Do you understand that Janssen and Johnson  
15 & Johnson, Ortho-McNeil, and related entities'  
16 counsel is -- is present here today?

17 A. I do.

18 Q. Okay. And you understand Teva and  
19 Cephalon's counsel is present here today?

20 A. Yes.

21 Q. And that Purdue entities' counsel is  
22 present here today?

23 A. Yes.

24 Q. Okay. You understand that you are not a  
25 Defendant in this lawsuit; correct?

1 A. I do.

2 Q. And I'll represent to you that the State  
3 has no intention of bringing you into this lawsuit  
4 as a Defendant.

5 A. I appreciate that.

6 MR. ERCOLE: Objection.

7 BY MS. BALDWIN:

8 Q. You're represented by your own counsel  
9 today?

10 A. Yes.

11 Q. Have you ever spoken to me prior to this  
12 deposition?

13 A. Not that I know of.

14 Q. Have you spoken to any of the lawyers in  
15 this litigation for the State of Oklahoma prior to  
16 this deposition?

17 A. Not that I am aware of.

18 Q. Prior to your deposition today, have you  
19 spoken to any of the lawyers for the defending  
20 companies in this litigation?

21 A. Not that I am aware of.

22 Q. Prior to your deposition today, have you  
23 spoken to anyone at any of the Defendant companies,  
24 any employees of those companies, in preparation  
25 for your deposition today?

1 A. No.

2 Q. Would you agree that over the course of  
3 your professional career, that you have been paid  
4 to speak on behalf of pharmaceutical companies at  
5 various times?

6 MR. ROBINSON: Objection, form.

7 MR. ERCOLE: Same objection.

8 THE WITNESS: Can you say that again?

9 BY MS. BALDWIN:

10 Q. Yes. You've spoken as a member of a  
11 speakers' bureau or speakers' program on behalf of  
12 opioid manufacturers during the course of your  
13 career at some period of time. Is that fair to  
14 say?

15 MR. ROBINSON: Objection to form.

16 MR. ERCOLE: Same objection.

17 THE WITNESS: Well, again, I'm just -- I'm  
18 hung up on the word "on behalf of." You know, I've  
19 received compensation for teaching, but I don't  
20 recall I've -- I've spoken on behalf of a company.  
21 I've spoken on behalf of myself regarding knowledge  
22 about pain management.

23 BY MS. BALDWIN:

24 Q. Have you -- so is it correct to say you've  
25 received payments from pharmaceutical companies to

1 speak at various speaking programs, whether they be  
2 lectures, symposiums --

3 A. Yes.

4 MR. ERCOLE: Objection to form.

5 MS. REPORTER: I'm sorry, who was that?

6 MR. ERCOLE: Me.

7 MS. REPORTER: Thank you.

8 MS. BALDWIN: Can we not -- I'm sorry.

9 Just -- it's a little disruptive to the record if  
10 you ask every time who objected, so I don't know  
11 how we can resolve this, if y'all can --

12 MS. REPORTER: Well, he can speak up  
13 louder.

14 MR. ERCOLE: I'm happy to speak up louder.

15 MS. REPORTER: I appreciate that. Thank  
16 you.

17 BY MS. BALDWIN:

18 Q. So you say that's correct that you  
19 received payments from pharmaceutical companies to  
20 speak at various programs, whether they be lectures  
21 or medical education symposiums, those sorts of  
22 activities; is that correct?

23 MR. ERCOLE: Object to form.

24 MR. ROBINSON: Object to form.

25

1 BY MS. BALDWIN:

2 Q. And would those companies include Purdue  
3 Pharma?

4 A. Yes.

5 Q. And would those companies include Janssen?

6 A. Yes.

7 Q. And would those companies include  
8 Cephalon?

9 A. I believe so.

10 Q. Would they include Johnson & Johnson?

11 A. Well, I think Janssen and Johnson &  
12 Johnson are the same, but I think -- I don't know  
13 that I've spoken for Johnson & Johnson separate  
14 from Janssen, but I may have.

15 Q. And would that include Teva  
16 Pharmaceuticals?

17 MR. ERCOLE: Objection to form.

18 THE WITNESS: I don't believe Teva, but I  
19 have spoken for Cephalon, which became Teva, so  
20 prior to that.

21 BY MS. BALDWIN:

22 Q. Over the course of your professional  
23 career, have you been paid to participate in an  
24 advisory board by pharmaceutical companies?

25 A. Yes.

1 Q. And would those companies include Purdue  
2 Pharma?

3 A. Yes.

4 Q. And would they include Janssen?

5 A. I believe so.

6 Q. Would they include Cephalon?

7 A. I believe so.

8 Q. And over the course of your professional  
9 career, have you been paid fees to act as a  
10 consultant for pharmaceutical companies?

11 MR. ROBINSON: Objection, form.

12 MR. EHSAN: Same.

13 THE WITNESS: Not outside of the speak --  
14 doing speaking or being on a advisory board.

15 BY MS. BALDWIN:

16 Q. So those consulting fees that you received  
17 from a pharmaceutical company would relate to  
18 either speaking at a lecture or medical education  
19 course or participating in advisory board. Is that  
20 fair to say?

21 MR. EHSAN: Objection.

22 MR. ROBINSON: Objection to form.

23 MR. EHSAN: Objection to form.

24 THE WITNESS: And they were -- they were  
25 honoraria.

1 BY MS. BALDWIN:

2 Q. So I'm just going to repeat that question  
3 again. The consulting fees that you received from  
4 pharmaceutical companies would relate to speak --  
5 speaking at a lecture, or speaking at some other  
6 program, or participating in an advisory board of a  
7 pharmaceutical company. Is that fair to say?

8 MR. ERCOLE: Objection to form.

9 THE WITNESS: The payment that I received  
10 was typically honoraria for a speaking engagement  
11 or participating in an advisory board.

12 BY MS. BALDWIN:

13 Q. You were involved in a group called the  
14 American Pain Society; is that correct?

15 A. Yes.

16 Q. And you were a member of the board of the  
17 American Pain Society from 2000 to 2004; is that  
18 correct?

19 A. Yes. I think for 2003. I think it was a  
20 three-year term.

21 Q. Do you understand that the Defendants in  
22 this litigation provided funding to the American  
23 Pain Society?

24 A. Yes.

25 MR. ERCOLE: Objection to form.

1 BY MS. BALDWIN:

2 Q. And they also -- they provided that  
3 funding to the American Pain Society during the  
4 time that you were a member of the board; correct?

5 A. Yes.

6 MR. ERCOLE: Objection to form.

7 BY MS. BALDWIN:

8 Q. And the American Pain Society, that's an  
9 influential group; correct?

10 MR. ERCOLE: Same objection.

11 THE WITNESS: I'm not sure what you mean.

12 BY MS. BALDWIN:

13 Q. Do you consider it influential?

14 A. It's a multidisciplinary interprofessional  
15 group of people interested in pain. I suppose it's  
16 influential.

17 Q. You were involved -- also involved with a  
18 group called the American Pain Foundation; correct?

19 A. Yes.

20 Q. You served on the board of the American  
21 Pain Foundation?

22 A. Correct.

23 Q. And you were vice chair of the board of  
24 the American Pain Foundation in 2006; correct?

25 A. Yes.

1 Q. I'm sorry, was that a yes? I talked over  
2 you.

3 A. Yes, I'm sorry.

4 Q. And you were chair of the American Pain  
5 Foundation board from 2008 to 2011; is that  
6 correct?

7 A. Yes.

8 Q. You understand -- are you aware that  
9 pharmaceutical companies, including the Defendants  
10 in this litigation, provided funding to the  
11 American Pain Foundation?

12 MR. ERCOLE: Objection to form.

13 THE WITNESS: Yes.

14 BY MS. BALDWIN:

15 Q. And that they provided that funding during  
16 the time that you were a board member; is that  
17 correct?

18 MR. ERCOLE: Same objection.

19 THE WITNESS: Yes.

20 BY MS. BALDWIN:

21 Q. They provided that funding when you were  
22 chair of the board and vice chair of the board; is  
23 that correct?

24 MR. ERCOLE: Same objection.

25 THE WITNESS: Yes.

1 BY MS. BALDWIN:

2 Q. Would you agree that the American Pain  
3 Foundation was an influential organization?

4 MR. ROBINSON: Objection to form.

5 MR. ERCOLE: Objection to form.

6 THE WITNESS: Yeah, the term "influential"  
7 is the -- what I'm struggling to understand what  
8 you mean. The -- the -- both -- the American Pain  
9 Foundation was a consumer education and advocacy  
10 group, so in that respect, it was seeking to  
11 influence people by educating them and advocating  
12 for them.

13 BY MS. BALDWIN:

14 Q. Influencing the pain patients and  
15 consumers; correct?

16 A. Through education.

17 MR. EHSAN: Objection, form.

18 BY MS. BALDWIN:

19 Q. You were also involved with a group called  
20 the American Academy of Pain Medicine; is that  
21 correct?

22 A. Yes.

23 Q. And is it correct that you were on the  
24 board of the American Academy of Pain Medicine from  
25 2002 to 2007?

1 A. I believe so.

2 Q. You were president-elect of the American  
3 Academy of Pain Medicine for the year 2004 to 2005;  
4 is that correct?

5 A. I believe so.

6 Q. And you were the president of the American  
7 Academy of Pain Medicine for the year 2005 to 2006;  
8 correct?

9 A. I believe so, yes.

10 Q. And then you continued to be a member of  
11 that board until 2012; is that correct?

12 A. There was a period where I wasn't on the  
13 board, but I was brought back on for some period.  
14 And I don't know the exact dates.

15 Q. Does 2009 to 2012 sound familiar to you?

16 A. About right, yeah.

17 Q. You prepared a resume; correct?

18 A. Yes.

19 Q. I'm going to provide you what I'm marking  
20 as Plaintiff's Exhibit 1, and I'll represent to you  
21 that this was a resume that was provided to the  
22 State in the course of this litigation.

23 (Exhibit 1 marked.)

24 BY MS. BALDWIN:

25 Q. You can take a minute to look through it,

1 if you need to.

2 MR. OXLEY: I'm sorry, are those the only  
3 copies you have?

4 MS. BALDWIN: I only have three copies.

5 MR. OXLEY: Okay.

6 MS. BALDWIN: Can you all share?

7 BY MS. BALDWIN:

8 Q. Is this resume a fair summary of your  
9 professional experience and work that you've done  
10 over the years?

11 A. Roughly. Yes, roughly.

12 Q. Did you create this document?

13 A. I believe I did.

14 Q. So you have no reason to believe there's  
15 anything false within that document?

16 A. Correct.

17 Q. Prior to today, you've treated pain  
18 patients; correct?

19 A. Yes.

20 Q. And you still treat pain patients?

21 A. I do.

22 Q. You have a background in psychiatry?

23 A. Amongst other trainings.

24 Q. Are you board-certified in psychiatry?

25 A. I am.

1 Q. And you have a background in  
2 anesthesiology; correct?

3 A. It's a subspecialty background in  
4 anesthesiology, yes.

5 Q. Is that also a board certification?

6 A. In pain medicine, in the pain medicine  
7 part.

8 Q. So you also have a background in pain  
9 medicine?

10 A. Correct.

11 Q. Are there any other areas that I haven't  
12 mentioned in psychiatry, anesthesiology, and pain  
13 medicine --

14 A. Internal medicine. I completed residency  
15 training in internal medicine as well and had  
16 received board certification earlier in my career.

17 Q. And you spend a large part of your career  
18 dealing with the treatment of pain. Is that fair  
19 to say?

20 A. Yes.

21 Q. Chronic pain?

22 A. Yes.

23 Q. Palliative care?

24 A. Yes.

25 Q. Cancer care?

1 A. Yes.

2 Q. Acute pain?

3 A. Uh-huh.

4 Q. You've done quite a bit of education and  
5 publication in those areas?

6 A. Yes.

7 Q. You understand that because of your  
8 professional experience and your education and  
9 publications that you've done, that you are  
10 influential in the area of pain medicine?

11 MR. ROBINSON: Objection to form.

12 MR. ERCOLE: Objection to form.

13 THE WITNESS: I suppose.

14 BY MS. BALDWIN:

15 Q. Would you disagree with that?

16 A. Well, to some degree, you know, I have  
17 done a lot of work that many may have seen. I'm  
18 one of many people doing this work.

19 Q. So you're -- based on all of your  
20 professional experience and the speaking that  
21 you've done and the publications that you've done,  
22 other -- other physicians or other healthcare  
23 providers would look to you as influential. Would  
24 you agree with that?

25 MR. ROBINSON: Objection to form.

1 MR. ERCOLE: Objection to form.

2 THE WITNESS: I'll accept that.

3 BY MS. BALDWIN:

4 Q. And you were viewed by other healthcare  
5 professionals as an influential speaker when you  
6 talked at lectures and medical education programs  
7 on issues of pain management. Would you agree with  
8 that?

9 MR. ROBINSON: Objection to form.

10 THE WITNESS: I don't know how they viewed  
11 me. I just can't say I know how they viewed me.

12 BY MS. BALDWIN:

13 Q. You were asked to speak publicly and in  
14 medical education activities with quite a bit of  
15 frequency. Would you -- wouldn't you agree with  
16 that?

17 MR. ERCOLE: Objection to form.

18 THE WITNESS: At times, yes.

19 BY MS. BALDWIN:

20 Q. And so you were someone that was sought  
21 after as a specialist, as a person knowledgeable on  
22 those topics. Would you agree with that?

23 MR. ERCOLE: Objection to form.

24 THE WITNESS: Again, I don't know how --  
25 I'm not trying to be argumentative. I don't know

1     how sought after I was, but I was frequently  
2     invited to -- to educate and lecture.

3     BY MS. BALDWIN:

4             Q.     So we talked about your -- you testified  
5     that you received funding from opioid manufacturers  
6     during the course of your career; correct?

7             MR. ROBINSON:  Objection, form.

8             MR. EHSAN:  Objection, form.

9             THE WITNESS:  Yes.

10     BY MS. BALDWIN:

11            Q.     And sometimes is it true that those  
12     payments were made to you by the pharmaceutical  
13     company directly?

14            A.     I believe so.  It was a long time ago.

15            Q.     There was a period of time where the  
16     pharmaceutical company would pay you directly for  
17     speaking or at advisory boards?

18            MR. ROBINSON:  Objection to form.

19            MR. ERCOLE:  Objection to form.

20            THE WITNESS:  Yes, I believe so.

21     BY MS. BALDWIN:

22            Q.     And sometimes the pharmaceutical companies  
23     would pay your honoraria to the University of  
24     California, Davis.  Is that fair to say?

25            MR. ERCOLE:  Objection.

1 MR. ROBINSON: Objection.

2 THE WITNESS: I don't recall if they did  
3 that or not.

4 BY MS. BALDWIN:

5 Q. You have no recollection?

6 A. I don't have a recollection of them paying  
7 it to the university. It's possible. You know, I  
8 can see the situation in which I was on business  
9 time, not on my own time, and then they would pay  
10 the university honoraria. But I don't recall that  
11 happening. It could have.

12 Q. Could you describe what -- to the jury --  
13 what honoraria is?

14 A. Describe --

15 Q. -- what honoraria is.

16 A. Honoraria is -- is -- you know, there is a  
17 definition, and I don't know that I can give it to  
18 you accurately, but honoraria is usually a symbolic  
19 payment for efforts to help out where you're not  
20 really -- you're not working for the company, but  
21 you are asked to do something, or by university,  
22 where you are asked to come and speak. It's not  
23 supposed to be intended to cover your time  
24 completely, so it's a symbolic financial gesture.

25 Q. For the time that you -- for travel, is

1 that something different, the travel expenses?

2 A. Well, sometimes --

3 MR. EHSAN: Objection, form.

4 MR. ROBINSON: Objection, form.

5 THE WITNESS: Sometimes it would be  
6 included. It would cover travel. And other times  
7 they would pay for travel and out-of-pocket  
8 expenses and provide an honoraria.

9 BY MS. BALDWIN:

10 Q. So an honoraria would be a fee for your --  
11 the time that you take to speak on a particular  
12 activity?

13 MR. ROBINSON: Objection.

14 THE WITNESS: But I think rather than  
15 payment, it's a symbolic payment. So, for  
16 instance, there is a payment that we'll give  
17 speakers here at the university if they come from  
18 out of town, you know, to speak, but it's not --  
19 it's not tied to the time that it really takes to  
20 do that work, because that would be much more than  
21 any of us could pay.

22 BY MS. BALDWIN:

23 Q. But it's some compensation?

24 A. It's some compensation, yes.

25 Q. When you have spoke at medical education

1 activities, are there times during your career  
2 where the pharmaceutical company has paid you  
3 directly for speaking at those medical education  
4 activities?

5 MR. ROBINSON: Objection.

6 MR. ERCOLE: Objection to form.

7 THE WITNESS: You know, again, this is  
8 going back 25 years. I believe in the early days,  
9 that might happen, where pharmaceutical  
10 representatives would pay the honorarium directly.  
11 In the early days, you know, I would go to give a  
12 grand round at a community hospital and, you know,  
13 usually the hospital would pay the honoraria, and  
14 the pharmaceutical companies would support the  
15 hospital in doing so. But I believe there may have  
16 been times where the payment was direct.

17 BY MS. BALDWIN:

18 Q. Okay.

19 A. And I think, you know, when I was  
20 associated with speakers' bureaus, which I didn't  
21 do very much of, and I didn't do for very long,  
22 those payments may have been direct from the  
23 company.

24 Q. When you're talking about the early  
25 period, are you talking about the mid- to late

1 1990s, perhaps early 2000s as well?

2 A. Yes.

3 MR. ROBINSON: Objection to form.

4 MR. ERCOLE: Objection to form.

5 THE WITNESS: That's correct.

6 BY MS. BALDWIN:

7 Q. Was there a time period where that changed  
8 from you receiving payments directly from a  
9 pharmaceutical company, to the pharmaceutical  
10 company paying the institution or medical education  
11 company who then paid you?

12 MR. EHSAN: Objection to form.

13 THE WITNESS: So there was a time, you  
14 know, in -- you're right with your timing, that in  
15 the early 2000s to mid-2000s, that I became  
16 uncomfortable with the transactions. By, I think,  
17 2007, I had stopped doing any kind of formal work  
18 with Pharma, largely because increasingly there  
19 was -- the situation was set up where they were  
20 asking me to use their educational materials,  
21 rather than my own, and it became a increasingly  
22 frequent battle that I would only use my materials  
23 and speak from my information, even though I might  
24 use graphics or things that were available as they  
25 pertained to the education that I chose to provide.

1           So I think there was FDA rules that  
2           happened at the FDA that forced Pharma's hand, that  
3           speakers had to use certain slides. And at that  
4           point I stopped accepting those roles. So there  
5           was -- you know, there was a period where that  
6           gradually shifted.

7           BY MS. BALDWIN:

8           Q.     So in the 1990s, early 2000s, you would  
9           receive payment from a pharmaceutical company,  
10          including opioid manufacturer, to give a talk, and  
11          you would be required to use their slides that they  
12          provided to you for those talks?

13          MR. ROBINSON: Objection to form.

14          MR. ERCOLE: Objection to form, vague.

15          MR. ROBINSON: Mischaracterizes the  
16          testimony.

17          MR. ERCOLE: Mischaracterizes.

18          THE WITNESS: No, I didn't -- I wouldn't  
19          use other slides, and I don't know if there was  
20          ever an exception to that, but in general, you  
21          know, I was very clear that when I did this work,  
22          it was my independent work that I was doing. So --  
23          but as it became a battle to continue to be able to  
24          do that, I just stopped doing it and increasingly  
25          did less and less. I know that's a contradiction

1       there, but --

2       BY MS. BALDWIN:

3           Q.     And my question wasn't trying to trick  
4       you. I was responding to your comment that you  
5       said that you were uncomfortable with the fact that  
6       pharmaceutical companies were requiring you to use  
7       their slides.

8           A.     Correct.

9           Q.     So my question to you was: Did that ever  
10      happen to you, in the earlier time period, that you  
11      were required to use a slide of a pharmaceutical  
12      company when giving a talk?

13           MR. ROBINSON: Objection to form.

14           Can you read that question back?

15           (Record read.)

16           THE WITNESS: Would you like me to answer  
17      that question?

18       BY MS. BALDWIN:

19           Q.     Yes.

20           A.     So I don't recall. You know, I can't say  
21      with absolute certainty that I didn't capitulate on  
22      some -- you know, I mean, this was a battle, you  
23      know, where the pharmaceutical companies felt like  
24      they were being forced to be -- to make sure that  
25      nobody was going off the reservation, or whatever

1 the reasons were. But I tried very hard to make  
2 sure that it was just my independent work. And I  
3 didn't feel like you were trying to change what I  
4 was saying, by the way.

5 Q. And that made -- using the slide that a  
6 pharmaceutical presented to you made you  
7 uncomfortable because those slides would  
8 potentially have the messaging, certain messaging,  
9 that a pharmaceutical would want in there that you  
10 perhaps wouldn't agree with or wouldn't reflect  
11 your opinions; is that correct?

12 MR. ERCOLE: Objection to form,  
13 mischaracterizes the testimony.

14 MR. ROBINSON: Objection to form.  
15 Counsel, the prefatory statement of "using a  
16 slide," he didn't say he ever did it, and that's  
17 how you opened the question.

18 MS. BALDWIN: Just make a -- please make a  
19 concise objection for the record.

20 MR. ROBINSON: Okay. Form.

21 BY MS. BALDWIN:

22 Q. Is the reason that you were uncomfortable  
23 with using the slides that a pharmaceutical company  
24 would present to a speaker receiving honoraria for  
25 a speak because those slides may contain messaging

1 from the pharmaceutical industry that perhaps  
2 didn't reflect your own opinions?

3 MR. ERCOLE: Objection to form, vague,  
4 ambiguous.

5 MR. ROBINSON: Objection to form.

6 THE WITNESS: I strive to make my work  
7 independent, so I didn't feel comfortable using  
8 other people's materials, you know, unless I really  
9 knew how those materials had been formed and that I  
10 was part of developing the materials that I  
11 presented.

12 BY MS. BALDWIN:

13 Q. I'm handing you what I marked as  
14 Plaintiff's Exhibit 2.

15 (Exhibit 2 marked.)

16 BY MS. BALDWIN:

17 Q. This is a document that was produced by  
18 Purdue in this litigation. The Bates number is  
19 PPLP 003465695. If you look at the second page, it  
20 states that it's the letter agreement -- Letter of  
21 Agreement; is that correct?

22 MR. ROBINSON: Take as long as you need to  
23 acclimate yourself to the documents provided to  
24 you. Just for the record, it's Bates 3465695  
25 through 3465714.

1 MS. BALDWIN: I usually just use the first  
2 Bates number.

3 MR. ROBINSON: That's fine, but --

4 MS. BALDWIN: I'm not trying to trick  
5 anybody here. Just so everybody can go locate it  
6 when they need to locate it.

7 THE WITNESS: So I've reviewed it.

8 BY MS. BALDWIN:

9 Q. If you turn to Page 2, it says at the top,  
10 it says a "Letter of Agreement"; is that correct?

11 A. Uh-huh.

12 Q. It looks like it's from Purdue Pharma; is  
13 that correct?

14 A. Yes.

15 Q. And it states, "This letter will serve as  
16 an agreement between University of California,  
17 Davis, (hereinafter 'Provider,') and Purdue Pharma,  
18 (hereinafter 'Company,') whereby the Company will  
19 provide funding to the Provider in support of the  
20 following continuing medical education program:  
21 University of California Davis/UCD Health System  
22 Continuing Medical Education, The War on Pain  
23 Review and Update of Pain and Palliative Medicine";  
24 is that correct?

25 A. Yes.

1 Q. And it also looks like, from this  
2 document, that Purdue provided a grant to UC Davis  
3 for \$1500; is that correct?

4 A. That's what it says.

5 Q. If you turn to Bates number ending in  
6 5710.

7 A. 5710?

8 Q. Uh-huh. It says, "UC Davis Review and  
9 Update of Pain and Palliative Care Medicine." Do  
10 you see that?

11 A. I do.

12 Q. And it lists the chair as Scott Fishman,  
13 M.D.; is that correct?

14 A. The chair of one of the days, but yes.

15 Q. The chair of --

16 A. Saturday.

17 Q. -- Saturday, June 10, 2006; is that  
18 correct?

19 A. Uh-huh. Uh-huh. Yes.

20 Q. Is this an example of a situation where  
21 Purdue would provide a grant to UC Davis for a  
22 medical education program that you were involved  
23 with?

24 A. Yes.

25 Q. Okay. In the situation where Purdue

1 provides a grant to the University of California,  
2 Davis for a medical education program that you are  
3 involved in, what is that money used for?

4 MR. OXLEY: Objection, form, overbroad.

5 THE WITNESS: I'm happy to answer that.  
6 So this is -- this is funding that's sought by our  
7 CME office, not my office. If you look at the  
8 continuing medical education courses that are run  
9 by universities throughout the country, they're all  
10 seeking help, because it's hard to make -- it's  
11 hard to make ends meet when you do a course like  
12 this. I don't know where this one was, but they're  
13 expensive.

14 So I assume the money that was raised in  
15 support of this course basically went to its bottom  
16 line of, you know, hiring a hall, doing marketing  
17 and, you know, covering the costs of putting on the  
18 course. This isn't money that's tied to me, and I  
19 think previously you asked me about would there be  
20 honorarium to me that would come to the university.  
21 That wouldn't be the same thing as this.

22 I don't know if that happened, but this is  
23 the CME office putting on a course. We're doing  
24 the teaching, and they're seeking funding to help  
25 them pay the costs of putting on the course.

1 BY MS. BALDWIN:

2 Q. So did UC Davis receive funding in the  
3 form of grants from pharmaceutical companies,  
4 including opioid manufacturers, to put on medical  
5 education courses during your career, that you can  
6 recall?

7 MR. ERCOLE: Objection to form.

8 THE WITNESS: Yes.

9 BY MS. BALDWIN:

10 Q. Do you know how many times that occurred?

11 MR. EHSAN: Same objection.

12 THE WITNESS: How many times of what?

13 BY MS. BALDWIN:

14 Q. How many times that situation would occur,  
15 where the university would request from an opioid  
16 manufacturer to put on a medical education program  
17 that would receive funding from an opioid  
18 manufacturer?

19 MR. ROBINSON: Objection.

20 THE WITNESS: Specifically from an opioid  
21 manufacturer?

22 MR. ERCOLE: Objection to form.

23 THE WITNESS: I don't -- you know, we  
24 probably stopped -- we didn't do as many courses  
25 after 2006, and we completely stopped getting

1 outside industry support for our courses. Most  
2 other courses get industry funding. So I can't  
3 tell you how many times that happened.

4 In the past, prior to that, we would seek  
5 funding -- I think our CME office would seek  
6 funding by any company that would want to support  
7 the course. So opioid manufacturers, other  
8 analgesic manufacturers, analgesic instrument  
9 device companies, et cetera.

10 BY MS. BALDWIN:

11 Q. So that was a common practice, you would  
12 say?

13 A. Yes.

14 MR. ROBINSON: Objection.

15 MR. EHSAN: Join.

16 BY MS. BALDWIN:

17 Q. I'm going to show you what I marked as  
18 Exhibit 3.

19 (Exhibit 3 marked.)

20 BY MS. BALDWIN:

21 Q. Exhibit 3 is Bates-stamped JAN-MS-00483184  
22 through 85. And it's an e-mail chain. Just let me  
23 know when you are finished reading it before I ask  
24 you any questions.

25 A. (Witness nods head.)

1 Q. If you turn to the second page, this is an  
2 e-mail from you, Dr. Fishman, dated August 23,  
3 2010; correct?

4 A. Yes. I'm sorry, yes.

5 Q. It's to someone at Janssen; is that  
6 correct?

7 A. I believe so.

8 Q. Okay. And the subject is, "Contract from  
9 Janssen Pharma Japan Invitation to Participate as  
10 Expert in Ad Board in Montreal on August 30th";  
11 correct?

12 A. Yes.

13 Q. And in the e-mail, you write, "I would ask  
14 that you please make my honorarium payment to  
15 either my university, Regents of the University of  
16 California, or to the American Pain Foundation;  
17 otherwise, I cannot accept the honorarium." Did I  
18 read that correctly?

19 A. Yes.

20 Q. Is this a situation where you were  
21 participating in a Janssen advisory board, and you  
22 asked that your honorarium be paid to the  
23 university or the American Pain Foundation rather  
24 than to you personally?

25 A. Yes. But I can give you some background

1 on that, if you'd like. This is unusual, but yes.

2 Q. That did occur here?

3 A. That is correct, yes.

4 Q. So there are instances where that did  
5 occur --

6 A. Yes.

7 Q. -- correct?

8 And this was in 2010; correct?

9 A. Correct. This was a unique -- this was a  
10 unique situation.

11 Q. Are you familiar with the university's --  
12 I believe it's the University of California, Davis'  
13 Run for Pain?

14 A. Yes.

15 Q. Is that something that still occurs today?

16 A. No.

17 Q. Do you recall an opioid manufacturer  
18 providing grant funding -- well, providing grant  
19 funding to the University of California for that  
20 program?

21 A. There are many companies that provided  
22 support. I don't think they were grants, but there  
23 was support.

24 Q. I'm showing you what I've marked as  
25 Plaintiff's Exhibit 4.

1 (Exhibit 4 marked.)

2 BY MS. BALDWIN:

3 Q. This is a Cephalon memo Bates-stamped TEVA  
4 OK 01465610 through 01465625; correct? Have you  
5 had a chance to review the document?

6 A. I have.

7 Q. This is a memo to legal department from  
8 Kimber Titus dated January 25, 2007; is that  
9 correct?

10 MR. ERCOLE: Objection to form,  
11 foundation.

12 THE WITNESS: Yes.

13 BY MS. BALDWIN:

14 Q. And it's -- the subject is "Fully executed  
15 agreements for archiving in central files."

16 MR. ERCOLE: Same objection.

17 BY MS. BALDWIN:

18 Q. Correct? Is that correct, sir?

19 MR. ERCOLE: Same objection.

20 THE WITNESS: I accept that  
21 representation. I'm not sure.

22 BY MS. BALDWIN:

23 Q. If you turn to Page 2, this is an  
24 agreement between Cephalon and the University of  
25 California, Davis to provide independent

1 educational program; is that correct?

2 A. Yes.

3 MR. ERCOLE: Objection to form,  
4 foundation.

5 BY MS. BALDWIN:

6 Q. That was a medical education program?

7 A. Correct.

8 Q. And Cephalon provided a grant to the  
9 University of California, Davis in the amount of  
10 \$9,500; is that correct?

11 MR. ERCOLE: Objection to form,  
12 foundation.

13 THE WITNESS: Yes, that's what's here.

14 BY MS. BALDWIN:

15 Q. This was for a conference entitled  
16 "Review of Pain Medicine in Southern Nevada,  
17 Virginia, and Surrounding Area Physicians  
18 Clinicians, Las Vegas, Nevada"?

19 A. Yes.

20 Q. Is that correct?

21 Is this another example of a medical  
22 education program that you spoke at where a grant  
23 was provided to the University of California,  
24 Davis?

25 A. Yes.

1 Q. You said this was typical in the later  
2 2000s to the present?

3 MR. ROBINSON: Objection to form.

4 MR. ERCOLE: Objection to form,  
5 mischaracterizes testimony.

6 THE WITNESS: This is probably the tail  
7 end of that work that we did.

8 BY MS. BALDWIN:

9 Q. That you did 2007?

10 A. Around there, yeah.

11 MR. ROBINSON: Objection, form.

12 BY MS. BALDWIN:

13 Q. Is this how, generally speaking, just  
14 based on your professional experience and you've  
15 done a lot of medical education activities, is this  
16 format for funding medical education, would you  
17 call that pretty common?

18 A. Yes.

19 MR. ERCOLE: Objection to form.

20 BY MS. BALDWIN:

21 Q. Where the pharmaceutical company pays an  
22 institution or a medical education company a grant,  
23 and then that medical education company pays a  
24 speaker who presents the medical education?

25 MR. ERCOLE: Objection to form.

1 MR. ROBINSON: Objection, form.

2 THE WITNESS: And an arm's length in  
3 between.

4 BY MS. BALDWIN:

5 Q. That's how it works?

6 A. Yes.

7 Q. I believe you testified that, in your  
8 early years, you did participate on some speakers'  
9 bureaus?

10 A. I believe so.

11 Q. Okay. Did you participate on Purdue's  
12 speaker bureau?

13 A. So I've got to say that I can't be  
14 certain, because I actually am not even sure what a  
15 speaker bureau is. There's that -- that title  
16 sounds like a very formal group, where you would  
17 have a contract and be part of something. That --  
18 that I was never part of, but I believe that they  
19 viewed certain people as their speakers, and they  
20 would come to them with programs. I was one of  
21 those people, and they would come to me with  
22 speaking opportunities.

23 Q. Okay. I'm showing what I've marked as  
24 Plaintiff's Exhibit 5. Hold on. I gave you the  
25 wrong one. I'm sorry.

1 (Exhibit 5 marked.)

2 BY MS. BALDWIN:

3 Q. Have you had a chance to review the  
4 document?

5 A. Yes.

6 MR. ROBINSON: Folks on the phone, can you  
7 mute your phone?

8 BY MS. BALDWIN:

9 Q. Have you had a chance to review it?

10 A. (Witness nods head.)

11 Q. This is a document titled "NUCYNTA and  
12 NUCYNTA ER 2012 Business Plan, December 20, 2012";  
13 is that correct?

14 MR. EHSAN: Objection to form.

15 THE WITNESS: That's what it says.

16 BY MS. BALDWIN:

17 Q. Do you know what NUCYNTA is?

18 A. I do.

19 Q. What is NUCYNTA?

20 A. NUCYNTA is a complex drug that has opioid  
21 properties and other analgesic pharmacological  
22 properties.

23 Q. And do you know what NUCYNTA ER is?

24 A. It's an extended release form of NUCYNTA.

25 Q. If you turn to Page 2, you see the

1 objectives of this business plan are, "Review and  
2 gain alignment in 2012 tactics that support  
3 identified strategic imperatives." Do you see  
4 that?

5 MR. OXLEY: Object to form.

6 BY MS. BALDWIN:

7 Q. "Identify areas of opportunity for further  
8 exploration"; is that correct?

9 MR. EHSAN: Same objection.

10 THE WITNESS: Yes.

11 BY MS. BALDWIN:

12 Q. "Align on timing and roles, responsibility  
13 of tactical execution." Do you see that?

14 MR. EHSAN: Object to form.

15 THE WITNESS: Yes.

16 BY MS. BALDWIN:

17 Q. And then if you turn to the next page, it  
18 says "2012 Business Plan"; correct?

19 MR. EHSAN: Same objection.

20 THE WITNESS: Yes.

21 BY MS. BALDWIN:

22 Q. And then if you turn forward a few pages  
23 to Page 6, you see there is a NUCYNTA ER  
24 prescription forecast?

25 MR. EHSAN: Objection to form.

1 MR. ROBINSON: Page 6?

2 THE WITNESS: Yes.

3 BY MS. BALDWIN:

4 Q. If you turn to Page 8, there is a slide  
5 called, "What We've Learned from Our Customers'  
6 Market Research, 2Q 2011." Do you see that?

7 MR. EHSAN: Objection to form.

8 THE WITNESS: I do.

9 BY MS. BALDWIN:

10 Q. And there's -- there's three boxes:  
11 "Mindset Perspective, Behavioral Characteristics,  
12 and NUCYNTA Selling Efforts." Do you see that?

13 MR. EHSAN: Objection to form.

14 THE WITNESS: I do.

15 BY MS. BALDWIN:

16 Q. Can you read the second bullet point under  
17 "NUCYNTA Selling Efforts"?

18 A. "Speaker programs often trigger first  
19 use."

20 Q. Did you know that Janssen was using  
21 speaker programs to trigger prescribing of  
22 healthcare providers for NUCYNTA and NUCYNTA ER?

23 MR. ROBINSON: Objection to form.

24 MR. EHSAN: Objection to form.

25 THE WITNESS: I did not.

1 BY MS. BALDWIN:

2 Q. Does that surprise you?

3 MR. EHSAN: Same objection.

4 MR. ROBINSON: Objection.

5 THE WITNESS: You know, it doesn't please  
6 me. I'm sad to say it doesn't surprise me. But,  
7 yeah, it's a reason.

8 BY MS. BALDWIN:

9 Q. Why doesn't it please you?

10 A. You know, that's -- I think as I gradually  
11 stopped doing speaker programs and wanting to use  
12 pharma programming, their job is to sell drugs, and  
13 my job is to educate. And they're different. So I  
14 wouldn't want to be cross-fertilized in that -- you  
15 know, in that field.

16 Q. When you were speaking on behalf of  
17 pharmaceutical companies earlier in your career,  
18 did you know that the pharmaceutical companies'  
19 goal in having you speak was to trigger first use  
20 of their opioid prescription?

21 MR. ROBINSON: Objection, form.

22 MR. ERCOLE: Objection, form, vague,  
23 overbroad.

24 THE WITNESS: No.

25

1 BY MS. BALDWIN:

2 Q. If you knew that, would you have done  
3 those speaking programs?

4 MR. EHSAN: Same objections.

5 MR. ERCOLE: Same objections.

6 MR. ROBINSON: Objection.

7 THE WITNESS: You know, it's a tricky  
8 question. I always felt like my -- my education  
9 was my independent beliefs, and I'm not sure  
10 pharmaceutical companies agreed with what I taught.  
11 So, you know, it's really -- it depends. The  
12 question depends. But I think if I knew that I was  
13 simply being paid to stimulate prescribing, I  
14 probably wouldn't accept that, those roles. My  
15 belief was I was receiving compensation for -- for  
16 education, independent education.

17 BY MS. BALDWIN:

18 Q. But that was the goal of the  
19 pharmaceutical company; correct?

20 MR. ROBINSON: Objection.

21 MR. EHSAN: Objection.

22 MR. ERCOLE: Object to form, foundation.

23 MS. REPORTER: Okay, wait. Hold on.

24 MS. BALDWIN: Okay. I understand you  
25 don't like my questions, but I'm asking the witness

1 questions. The record needs to reflect his answers  
2 without your objections interfering with my  
3 questions or his answer. So just state your  
4 objection after I speak. Please don't interrupt  
5 him, and please don't interrupt me.

6 MR. ERCOLE: We're interrupting you, and  
7 the fact that you just now broke off script to give  
8 some lecture about objecting and not objecting is  
9 part of the problem here.

10 We're going to object, and we'll make sure  
11 you get your question out before we object.

12 To the extent I stepped on your question,  
13 I will -- it has nothing to do with liking your  
14 questions or not liking your questions.

15 MS. BALDWIN: I'm going to object to your  
16 sidebar. I'm going to go back and ask that  
17 question again.

18 BY MS. BALDWIN:

19 Q. Dr. Fishman, you stated, "I think if I  
20 knew that I was simply being paid to stimulate  
21 prescribing, I probably wouldn't accept those  
22 roles." And my question to you was: "But that was  
23 the goal of the pharmaceutical company; correct?"

24 MR. ROBINSON: Objection to form.

25 MR. EHSAN: Objection to form.

1 MR. ERCOLE: Objection to form.

2 THE WITNESS: That was never a goal that I  
3 thought was the premise of the programs that I  
4 participated in.

5 BY MS. BALDWIN:

6 Q. But that's the goal as indicated in this  
7 2012 business plan; correct?

8 A. As indicated here --

9 MR. EHSAN: Object to the form of the  
10 question.

11 Again, Counsel, I have the right to object  
12 to your questions, and I --

13 MS. BALDWIN: Yes, you do. Wait until my  
14 question's finished. Object --

15 MR. EHSAN: I waited until your question  
16 was finished. I can't help it if Dr. Fishman  
17 chooses to answer the question while I'm objecting  
18 to that question.

19 MR. ROBINSON: Doctor, as you are seeing,  
20 it is common that objections are interposed after  
21 the question. So if you can, try to allow for a  
22 pause to determine if there's going to be an  
23 objection interposed before you provide your  
24 response, and then we can get a clean record.  
25

1 BY MS. BALDWIN:

2 Q. Dr. Fishman, I apologize. I'm going to  
3 ask you this question again. You stated, "I think  
4 if I knew that I was simply being paid to stimulate  
5 prescribing, I probably wouldn't accept those  
6 roles." My question to you was: "But that was the  
7 goal of the pharmaceutical company; correct?"

8 MR. EHSAN: Objection to the form of the  
9 question.

10 MR. ERCOLE: Same objection.

11 THE WITNESS: If your question is, is the  
12 goal of pharmaceutical companies to sell their  
13 drugs, I would say yes. If the question is, was  
14 the goal of the roles that I played in educating  
15 clinicians to sell drugs, I would say no.

16 BY MS. BALDWIN:

17 Q. I'm just asking you what the  
18 pharmaceutical company's goals was, not what your  
19 goals are, as indicated -- as reflected in this  
20 Page 8 that you are reading from.

21 MR. ERCOLE: Objection to form, calls for  
22 speculation, lack of foundation.

23 THE WITNESS: But I have no knowledge of  
24 what their goals are, other than what you showed me  
25 here on this page.

1 BY MS. BALDWIN:

2 Q. And here on this page, it says, "NUCYNTA  
3 selling efforts: Speaker programs often trigger  
4 first use"; correct?

5 MR. EHSAN: Same objections.

6 THE WITNESS: Correct.

7 BY MS. BALDWIN:

8 Q. And you said that didn't surprise you to  
9 see that. Can you explain what you meant when you  
10 said that didn't surprise you?

11 MR. EHSAN: Objection to the form.

12 MR. ROBINSON: Objection.

13 THE WITNESS: Well, I think that -- you  
14 know, I don't know how deep you want me to go into  
15 this. I think we have a problem in America with  
16 our -- how we -- how medicine interacts with  
17 industry. Industry's goal is to sell products, and  
18 medicine's goal is to do the best we can for our  
19 patients. We can't do our job without industry  
20 producing the drugs that we need to treat  
21 patients -- in part, the drugs to treat patients.  
22 So it's an uncomfortable alliance.

23 With that said, you know, I think that  
24 pharmaceutical companies are in business, and  
25 they're focused on their bottom line. Our bottom

1 line in medicine is to provide the best care  
2 possible for our patients, period, in trying to be  
3 blind to those other conflicts that might arise.

4 But it doesn't surprise me that there are  
5 companies out there that are going to push that  
6 line and try to sell their drugs at any cost.  
7 There are examples of companies out there that --  
8 right now that aren't in this room or aren't  
9 represented here that have -- that it seems have  
10 gone way over, over the line.

11 So I don't have any direct knowledge or  
12 experience with how pharmaceutical companies market  
13 their drugs, but it doesn't surprise me that  
14 they're trying to find any advantage they can.

15 BY MS. BALDWIN:

16 Q. In your professional experience working  
17 with other physicians that were involved in  
18 speaking programs at this time and received  
19 honoraria from pharmaceutical companies,  
20 specifically opioid manufacturers like Janssen and  
21 Cephalon and Purdue, do you think, just in your  
22 professional experience, that the speakers knew  
23 that internally the goal for their speaker programs  
24 was to trigger first use of opioid prescription?

25 MR. ERCOLE: Objection to form.

1 MR. ROBINSON: Objection to form.

2 MR. ERCOLE: Calls for speculation, lack  
3 of foundation, vague, ambiguous, probably every  
4 other objection, too.

5 THE WITNESS: I have no idea what they --  
6 what other speakers know.

7 BY MS. BALDWIN:

8 Q. But at the time you were doing this, you  
9 didn't know?

10 MR. ERCOLE: Same objection.

11 MR. EHSAN: Same objection.

12 THE WITNESS: No.

13 BY MS. BALDWIN:

14 Q. And would you have been okay with that had  
15 you known?

16 MR. EHSAN: Same objection.

17 THE WITNESS: I doubt it.

18 BY MS. BALDWIN:

19 Q. We're talking about opioids, which are a  
20 controlled substances as you know; correct?

21 MR. ERCOLE: Objection to form.

22 THE WITNESS: Correct.

23 BY MS. BALDWIN:

24 Q. And paying a speaker to encourage a  
25 physician to prescribe a controlled substance

1 solely to make money is inappropriate. Do you  
2 agree with that?

3 MR. ERCOLE: Same objection.

4 MR. ROBINSON: Same objection.

5 THE WITNESS: It's inappropriate and  
6 unprofessional.

7 BY MS. BALDWIN:

8 Q. When you were speaking at medical  
9 education activities, symposia, lectures, and  
10 presenting education on pain treatment and pain  
11 management, was it your intention to influence the  
12 prescribing habits of the audience, particularly  
13 the healthcare providers that were able to  
14 prescribe controlled to -- narcotics?

15 MR. ROBINSON: Objection.

16 MR. ERCOLE: Same objection. Object to  
17 form.

18 THE WITNESS: It was my intention to help  
19 these providers, these clinicians, think through  
20 the prescribing decisions they needed to make and,  
21 you know, on both the side of not being afraid to  
22 use them when the benefits outweigh the risk, but  
23 also to be cautious about the risks and not use  
24 them when, you know, the treatment's worse than the  
25 disease. So it's really both sides, but at some

1 point it was education around how to responsibly  
2 use these medications.

3 BY MS. BALDWIN:

4 Q. But it was not your intention to influence  
5 prescribing habits in the sense of encouraging the  
6 audience members to prescribe more opioids; is that  
7 correct?

8 A. No, nor was it my intention for them to  
9 prescribe any specific opioid.

10 Q. Is it your understanding, though, that  
11 pharmaceutical companies paying, whether directly  
12 or indirectly, key opinion leaders to provide  
13 medical education, that they were intending that  
14 those lectures and speeches would increase the  
15 prescribing habits of physicians that were in the  
16 audience listening to those programs?

17 MR. ROBINSON: Objection to form.

18 MR. ERCOLE: Objection to form, calls for  
19 speculation.

20 THE WITNESS: Again, I -- I don't know  
21 that they did or not. What I can tell you is that  
22 my belief was that pharmaceutical companies should,  
23 and I think do, recognize that it's of interest  
24 that these drugs are used safely and effectively.  
25 So the teaching that I would give, regardless of

1       whether it increased or decreased the prescribing  
2       of their drugs, was in their interest, because  
3       if -- if we were to use these treatments  
4       inappropriately, we would have a bad outcome. And,  
5       unfortunately, that bad outcome occurred.

6       BY MS. BALDWIN:

7             Q.     In part because these opioids were  
8       prescribed inappropriately?

9             A.     Correct, excessively.

10            MR. ERCOLE: Objection. Same objection to  
11       form.

12       BY MS. BALDWIN:

13            Q.     You would agree there is a problem of  
14       overprescribing of opioids?

15            A.     Absolutely.

16            Q.     I'm going to show you what I'm marking as  
17       Exhibit 6.

18                   (Exhibit 6 marked.)

19       BY MS. BALDWIN:

20            Q.     Exhibit 6 includes both an e-mail and the  
21       attachments to that e-mail. And there is no Bates  
22       number on the attachment, because it was produced  
23       natively, so I will tell you what it is. I have it  
24       written down.

25            MS. BALDWIN: And, yes, you can have a

1 copy.

2 MR. ROBINSON: Thanks. Do you want to  
3 keep the clip on it so it stays as one exhibit?  
4 It's a whole bunch of stuff.

5 MS. BALDWIN: These are actually more than  
6 one, I believe. I think I only have two copies.

7 MR. ROBINSON: How about we take one of  
8 those clips and put it on what you handed him so  
9 the exhibit stays intact?

10 MR. ERCOLE: I need to see a copy of that.

11 MS. BALDWIN: I don't have a copy.

12 MR. ERCOLE: Can we make a copy so we can  
13 actually follow along in the deposition? Could we  
14 pause, go off the record, and make a copy?

15 MS. BALDWIN: Sure. We can go --

16 MR. ERCOLE: We need to follow what's  
17 taking place.

18 MS. BALDWIN: Are you okay with that,  
19 gentlemen?

20 THE WITNESS: Are we going to have to do  
21 that every time we have a --

22 MS. BALDWIN: This is one document that  
23 for some reason --

24 MR. ROBINSON: If this is going to happen  
25 once, let's just get a copy, or a couple copies,

1 but I don't want to do that every time she pulls  
2 out an exhibit.

3 MR. EHSAN: Understood. But, Counsel, you  
4 understood that Dr. Fishman was represented, and  
5 there were going to be many types of Defendants in  
6 these depositions.

7 MS. BALDWIN: You also understand that  
8 sometimes when you are preparing for a deposition,  
9 things happen. And when you are gathering your  
10 documents, someone may forget to put an extra copy  
11 in. And it's inadvertent, and it happens --

12 MR. EHSAN: Understood. I'm asking for  
13 the same consideration when it's the other way  
14 around.

15 MS. BALDWIN: And I -- we're both offering  
16 you consideration by agreeing to go off the record,  
17 so let's do that.

18 MR. EHSAN: It's not a consideration to go  
19 off the record, because you are actually obligated  
20 to provide me a copy of the exhibit you plan to  
21 introduce to the witness, as part of the rules.  
22 But thank you for nevertheless going off the record  
23 to make a copy.

24 MS. BALDWIN: Well, I guess we're just not  
25 all as perfect as you are, so I apologize. Let's

1 go off the record.

2 THE VIDEOGRAPHER: Off the record at  
3 10:49.

4 (Recess taken.)

5 THE VIDEOGRAPHER: Going back on the  
6 record. The time is 11:05.

7 BY MS. BALDWIN:

8 Q. Dr. Fishman, you understand you're still  
9 under oath?

10 A. Yes.

11 Q. Before we took a break, I handed you what  
12 I marked as State's Exhibit 6. Do you need a  
13 minute to look through it?

14 A. I do.

15 MR. ROBINSON: It's two sides.

16 THE WITNESS: Okay.

17 BY MS. BALDWIN:

18 Q. Exhibit 6 is two documents. The first is  
19 an e-mail, and this is an e-mail from Stephen  
20 Cornwell from Janssen; is that correct?

21 A. I believe so. I'm not familiar with this  
22 e-mail or Stephen Cornwell.

23 Q. Right. It's the first message at the  
24 bottom of the first page. It's dated February 1,  
25 2005; is that correct?

1 A. Yes.

2 Q. And it's to presumably another employee at  
3 Janssen?

4 MR. EHSAN: Object to form.

5 BY MS. BALDWIN:

6 Q. And some other Janssen employees are cc'd  
7 in this e-mail. Do you see that?

8 A. I do.

9 MR. EHSAN: Object to form.

10 BY MS. BALDWIN:

11 Q. Do you know Stephen Cornwell or Dennis  
12 Fitzgerald?

13 A. No.

14 Q. And the e-mail is attaching an Excel  
15 spreadsheet containing KOL information that was  
16 discussed the previous day. Do you see that?

17 MR. EHSAN: Object to form.

18 THE WITNESS: Are you referring to the  
19 table on the back side?

20 BY MS. BALDWIN:

21 Q. I'm referring to the first sentence of the  
22 e-mail that starts, "Dennis."

23 A. I see where it says, "Below is an Excel  
24 spreadsheet."

25 Q. "Containing the KOL info we discussed

1 yesterday." Do you see that?

2 A. I do.

3 Q. And then in the next paragraph, it says,  
4 "There are four different sources of info: Primary  
5 MKT research at RES" -- which I think means market  
6 research -- "sales force, medical affairs, review  
7 of literature, resulting in seven different  
8 outputs, rankings," and there are four different  
9 summaries of the data? Do you see that?

10 A. I do.

11 MR. EHSAN: Object to form.

12 THE WITNESS: I do.

13 BY MS. BALDWIN:

14 Q. If you turn to the second page of the  
15 e-mail, it appears to list the summaries in the  
16 attached spreadsheet that include KOL overlap, top  
17 50 individuals identified in the three key sources,  
18 KOL combined data, mentions green sales pain KOL  
19 listing, medical affairs pain KOL listing, and  
20 leadership and pain in medicine KOL listing. Do  
21 your see that?

22 A. I do.

23 MR. EHSAN: Objection to form.

24 THE WITNESS: I do.

25

1 BY MS. BALDWIN:

2 Q. If you turn to the PowerPoint that was  
3 attached to this e-mail, along with that  
4 spreadsheet, and the Bates stamp for this  
5 PowerPoint is JAN-MS-02533811. It's called  
6 "Duragesic KOL Mapping Analysis." Do you see that?

7 A. I do.

8 Q. And on the bottom, there is a company  
9 listed. Can you tell me what that company is?

10 MR. EHSAN: Objection to form.

11 THE WITNESS: It says "marketRX."

12 BY MS. BALDWIN:

13 Q. And above that?

14 A. Janssen Pharmaceutical.

15 Q. So we talked a little bit about the word  
16 "KOL" earlier. Do you understand what that term  
17 means?

18 A. I -- I don't think I understand all the  
19 dimensions of what it means, but it's an acronym  
20 for key opinion leader.

21 Q. And is it your understanding that you are  
22 identified as a key opinion leader?

23 A. Yes.

24 MR. EHSAN: Object to form.

25

1 BY MS. BALDWIN:

2 Q. And you are identified as a key opinion  
3 leader by a pharmaceutical company?

4 MR. ROBINSON: Objection.

5 MR. ERCOLE: Objection to form.

6 THE WITNESS: I don't have -- you know, I  
7 don't know that I'm identified by -- I don't have  
8 any direct knowledge, but I believe I'm considered  
9 a key opinion leader across my field. That  
10 includes pharmaceutical companies.

11 BY MS. BALDWIN:

12 Q. And you are considered a key opinion  
13 leader by your peers?

14 A. Correct. That's right. Yes.

15 Q. If you turn to the first page of the  
16 PowerPoint, it's titled "Business Objective";  
17 correct?

18 MR. EHSAN: Objection to form.

19 THE WITNESS: Yes.

20 BY MS. BALDWIN:

21 Q. I'm sorry --

22 A. Titled "Background."

23 Q. If you go to the third page of the  
24 PowerPoint -- actually, it's Page 4.

25 A. Yes. Yes.

1 Q. Do you see it's titled "Business  
2 Objective"?

3 A. Yes.

4 Q. What is the first business objective  
5 listed there?

6 MR. EHSAN: Object to form.

7 THE WITNESS: "In order to target the most  
8 influential physicians is pain management and to  
9 maximize Duragesic prescribing that's produced by  
10 physicians who are influenced by thought leaders."

11 BY MS. BALDWIN:

12 Q. There's one more sentence.

13 A. "Janssen needs to identify key opinion  
14 leaders in chronic pain market at national level  
15 and regional level, and to understand the overall  
16 pattern and relative influence of KOLs on physician  
17 prescribing." That's what's written here.

18 Q. Are you surprised to see that Janssen is  
19 identifying key opinion leaders' influence and  
20 their influence on physician prescribing?

21 MR. EHSAN: Objection.

22 MR. ROBINSON: Objection to form.

23 THE WITNESS: Again, I don't think I'm  
24 surprised, no.

25

1 BY MS. BALDWIN:

2 Q. Why are you not surprised?

3 A. Well, again, as I said before, I think  
4 that these companies are going to do whatever they  
5 can to maximize their market share. That's their  
6 job.

7 Q. Including using key opinion leaders to  
8 influence physician prescribing?

9 MR. ROBINSON: Objection.

10 MR. ERCOLE: Objection to form.

11 MR. ROBINSON: Form.

12 THE WITNESS: Again, I don't have any  
13 direct knowledge of that, but it doesn't surprise  
14 me that you are showing me evidence that they, in  
15 fact, are doing that.

16 BY MS. BALDWIN:

17 Q. And that's what this PowerPoint is  
18 showing; correct?

19 MR. EHSAN: Object to form.

20 THE WITNESS: It's suggesting that that's  
21 what they should do.

22 BY MS. BALDWIN:

23 Q. When you were speaking as a key opinion  
24 leader to your peers and educating them on pain  
25 management and the use of opioids in treating pain,

1 was it your understanding that you were speaking to  
2 influence their prescribing patterns?

3 MR. ROBINSON: Objection, form.

4 MR. EHSAN: Objection to form.

5 MR. ERCOLE: Same objection.

6 THE WITNESS: No. At the time it was not  
7 my belief that that was my role.

8 BY MS. BALDWIN:

9 Q. So Janssen never told you that your role  
10 was to influence physician prescribing when you  
11 were speaking at medical education activities;  
12 correct?

13 MR. EHSAN: Object to form.

14 THE WITNESS: Yes. I'm sorry. Yes.  
15 Certainly Janssen never told me that my role was to  
16 increase prescribing of their products.

17 BY MS. BALDWIN:

18 Q. Is that something that you would have  
19 wanted to know at the time?

20 MR. ROBINSON: Objection, form.

21 MR. EHSAN: Form.

22 BY MS. BALDWIN:

23 Q. Let's say, for example, that you had --  
24 were speaking at a medical education activity that  
25 was sponsored by Janssen, or in which they had paid

1 you an honoraria to speak, would you have wanted to  
2 know that their internal business objective for you  
3 as a KOL was to influence physician prescribing?

4 MR. EHSAN: Object to form.

5 THE WITNESS: You know, again, I remained  
6 independent and agnostic of what they wanted. It  
7 wasn't part of -- it didn't matter to me what they  
8 wanted. My job was to provide the education that I  
9 thought the audience needed. And oftentimes I  
10 thought that they would not like what I presented,  
11 but in the total sphere of things, what I presented  
12 was a balanced approach to being safe. And because  
13 of that, you know, I assumed that's what they  
14 wanted from me, but it really didn't matter. I was  
15 going to present what I was going to present.

16 BY MS. BALDWIN:

17 Q. Do you think that they would have paid --  
18 strike that.

19 Let's just go through this PowerPoint a  
20 little bit more. You see this is -- this  
21 PowerPoint, if you go to the next page, it talks  
22 about a methodology.

23 A. Yes.

24 Q. And it looks like Janssen sent out a  
25 questionnaire to survey 1,000 physicians.

1 MR. EHSAN: Object to the form.

2 BY MS. BALDWIN:

3 Q. Do you see that?

4 A. Yes, Page 8.

5 Q. Page 5.

6 MR. ROBINSON: Are there page numbers?

7 MS. BALDWIN: There are. This one's hard  
8 to see.

9 MR. EHSAN: It's center bottom.

10 THE WITNESS: Yes, I see that on Page 5.

11 BY MS. BALDWIN:

12 Q. And that the doctors they recruited were  
13 from the top six deciles of Duragesic prescribing;  
14 is that correct?

15 MR. EHSAN: Object to the form.

16 BY MS. BALDWIN:

17 Q. Second bullet point.

18 A. I see that. I'm not sure what that means,  
19 if they mean that the speakers were high  
20 prescribers.

21 Q. Did you -- did you -- do you have any  
22 understanding or did you know that Purdue and  
23 Janssen and Teva ranked physicians based on their  
24 prescribing habits?

25 MR. ERCOLE: Objection to form.

1 MR. EHSAN: Objection to form.

2 THE WITNESS: I did not.

3 BY MS. BALDWIN:

4 Q. And that the higher -- the more  
5 prescriptions for their products and drugs sold,  
6 the higher the decile they would be in?

7 MR. ERCOLE: Objection to form.

8 MR. ROBINSON: Objection to form.

9 THE WITNESS: I did not know that.

10 BY MS. BALDWIN:

11 Q. And usually the deciles were ranked from 1  
12 to 10, 10 meaning that was the highest prescriber  
13 of their opioid products. Did you know that?

14 A. I did not know that.

15 MR. ERCOLE: Objection to form.

16 BY MS. BALDWIN:

17 Q. So this shows that the Respondents were  
18 asked to allocate points to factors that influenced  
19 their overall prescribing in order of importance on  
20 a scale of 100; correct?

21 MR. EHSAN: Objection to form.

22 THE WITNESS: Yes.

23 BY MS. BALDWIN:

24 Q. And those factors included opinion  
25 leadership; correct?

1 MR. EHSAN: Objection to form.

2 THE WITNESS: Yes.

3 BY MS. BALDWIN:

4 Q. Journal articles?

5 MR. EHSAN: Objection.

6 THE WITNESS: Yes.

7 BY MS. BALDWIN:

8 Q. CME or other events?

9 A. Yes.

10 MR. EHSAN: Form, same.

11 BY MS. BALDWIN:

12 Q. Sales rep detailing?

13 MR. EHSAN: Same objection.

14 THE WITNESS: Yes.

15 BY MS. BALDWIN:

16 Q. And other factors?

17 MR. EHSAN: Same objection.

18 THE WITNESS: "Other" is the same as et

19 cetera, yes.

20 BY MS. BALDWIN:

21 Q. And if you look at the fourth bullet  
22 point, it states, "Each Respondent was asked to  
23 list three national and three regional KOLs;  
24 correct?

25 A. Yes.

1 MR. EHSAN: Same objection.

2 BY MS. BALDWIN:

3 Q. If you turn to Page 6, the second bullet  
4 point under "Methodology" states, "They were also  
5 asked to provide statistics on some of the  
6 influencing factors for each of these specific  
7 relationships, such as number of events attended  
8 where that specific KOL spoke, number of articles  
9 read that were written by that specific KOL,  
10 influence rating of that KOL on the Respondent's  
11 prescribing using a scale of 1 to 10"; is that  
12 correct?

13 MR. EHSAN: Objection to form.

14 MR. ERCOLE: Objection to form.

15 THE WITNESS: It's what I see.

16 BY MS. BALDWIN:

17 Q. Did you know that when you were a key --  
18 that as a key opinion leader, you were being rated  
19 internally by Janssen on a scale of 1 to 7  
20 regarding how influential you were on physicians  
21 prescribing?

22 Objection to form.

23 MR. EHSAN: Objection to form.

24 THE WITNESS: I did not. Sorry. I tried  
25 to wait.

1 BY MS. BALDWIN:

2 Q. Does that trouble you?

3 MR. EHSAN: Same objection.

4 MR. ROBINSON: Objection.

5 THE WITNESS: Well, you know, again, I'm  
6 not surprised. It's, in part, you know, in my  
7 evolution why I no longer do that kind of work.  
8 And I'm very careful about what work I do in that  
9 realm. Had I known now what I knew then, I  
10 probably wouldn't have done that work.

11 BY MS. BALDWIN:

12 Q. Do you think maybe other key opinion  
13 leaders that Janssen was rating internally from 1  
14 to 7 based on how influential they were to their  
15 peers' prescribing habits also might have not  
16 wanted to engage with Janssen had they known this  
17 information at the time?

18 MR. ROBINSON: Objection to form.

19 MR. EHSAN: Objection to form.

20 THE WITNESS: I don't know. I don't know  
21 if they would or not.

22 BY MS. BALDWIN:

23 Q. You have colleagues that are in pain  
24 management; correct?

25 A. I do.

1 Q. And you worked with them for many years?

2 A. Yes.

3 Q. Do you believe that had they known this,  
4 they would have wanted to engage with Janssen as a  
5 key opinion leader?

6 MR. EHSAN: Objection, calls for  
7 speculation.

8 THE WITNESS: I -- yeah, I don't know what  
9 they would do or what they were thinking.

10 BY MS. BALDWIN:

11 Q. If you turn to Page 8, it looks like they  
12 sampled consistent of the -- the sample of 1,000  
13 physicians were from five different regions;  
14 correct?

15 MR. EHSAN: Objection to form.

16 THE WITNESS: Yes.

17 BY MS. BALDWIN:

18 Q. And they broke down the Respondents by  
19 specialty, and the majority were primary care  
20 physicians; is that correct?

21 A. Yes.

22 MR. EHSAN: Same objection.

23 THE WITNESS: Yes.

24 BY MS. BALDWIN:

25 Q. And then there's -- on the following page,

1 there is a table that shows the number and  
2 percentage of doctors by Duragesic decile in each  
3 region. Do you see that?

4 MR. EHSAN: Objection to form.

5 THE WITNESS: Yes. Can you tell me what a  
6 "Duragesic decile" means?

7 MR. ROBINSON: You can't ask questions.

8 THE WITNESS: Sorry.

9 BY MS. BALDWIN:

10 Q. Well, again, did you know -- you didn't  
11 know until I told you today that -- correct, that  
12 Janssen ranked physicians based on how often they  
13 prescribed their products; correct?

14 A. Correct.

15 MR. EHSAN: Objection to form.

16 BY MS. BALDWIN:

17 Q. And it's typically on a scale of 1 to 10?

18 A. Yes.

19 MR. EHSAN: Objection to form.

20 BY MS. BALDWIN:

21 Q. You didn't know that prior to today?

22 MR. EHSAN: Objection to form.

23 THE WITNESS: I think it was a scale of 1  
24 to 7. On Page 6 it says 1 to 7, but I did not know  
25 that until today.

1 BY MS. BALDWIN:

2 Q. Yeah, 1 to 7 is the influence of a key  
3 opinion leader on prescribing.

4 A. Oh, I see. Got it.

5 MR. EHSAN: Objection to form.

6 BY MS. BALDWIN:

7 Q. This is a pretty --

8 A. Yeah, involved.

9 Q. This PowerPoint is a pretty involved  
10 analysis of the influence of key opinion leaders on  
11 physicians prescribing. Would you -- wouldn't you  
12 say?

13 MR. EHSAN: Objection to form.

14 MR. ROBINSON: Objection to form.

15 THE WITNESS: Yes.

16 BY MS. BALDWIN:

17 Q. If you turn to Page 12, do you see that  
18 they -- Janssen did a point allocation summary.  
19 "Each Respondent was asked to assign points based  
20 on the level of influence of these parameters on  
21 his prescribing. The most influential factor was  
22 assigned 100 points, and no two factors were to be  
23 assigned the same value by a Respondent. A summary  
24 of the response is as follows in the next two  
25 slides: First one with overall results, and the

1 second one by specialty group of Respondent";  
2 correct?

3 MR. EHSAN: Objection to form.

4 THE WITNESS: Yes.

5 BY MS. BALDWIN:

6 Q. Give you an example of Question 10:  
7 "Please consider the following specific factors  
8 that may influence your prescribing of opioids. Of  
9 course many other factors will influence your  
10 prescribing, but we are interested in the relative  
11 influence of these particular factors"; correct?

12 MR. EHSAN: Objection to form.

13 THE WITNESS: Yes.

14 BY MS. BALDWIN:

15 Q. And these factors include peer  
16 interaction; correct?

17 A. Yes.

18 MR. EHSAN: Objection to form.

19 BY MS. BALDWIN:

20 Q. Availability of coupons and/or vouchers?

21 MR. EHSAN: Same objection.

22 THE WITNESS: Yes.

23 BY MS. BALDWIN:

24 Q. Patient request for specific drugs?

25 MR. EHSAN: Same objection.

1 THE WITNESS: Yes.

2 BY MS. BALDWIN:

3 Q. Sales representative messages?

4 MR. EHSAN: Same objection.

5 THE WITNESS: Yes.

6 BY MS. BALDWIN:

7 Q. Influence of opinion leaders?

8 MR. EHSAN: Same objection.

9 THE WITNESS: Yes.

10 BY MS. BALDWIN:

11 Q. Peer-reviewed journal articles or studies?

12 MR. EHSAN: Same objection.

13 THE WITNESS: Yes.

14 BY MS. BALDWIN:

15 Q. Medical education?

16 MR. EHSAN: Same objection.

17 THE WITNESS: Yes.

18 BY MS. BALDWIN:

19 Q. Formulary status?

20 MR. EHSAN: Same objection.

21 THE WITNESS: Yes.

22 BY MS. BALDWIN:

23 Q. Regulatory liability concerns?

24 A. Yes.

25 MR. EHSAN: Same objection.

1 BY MS. BALDWIN:

2 Q. And these are all factors that Janssen is  
3 evaluating that may influence a physician's  
4 prescribing of opioids; correct?

5 MR. EHSAN: Objection to form.

6 THE WITNESS: That's what's reflected here  
7 in this -- in this PowerPoint.

8 BY MS. BALDWIN:

9 Q. If you turn to Slide 13, it states, "Of  
10 the nine parameters, three had the highest mean.  
11 Of those three, peer-reviewed journal articles and  
12 medical education were rated as 100 by about  
13 30 percent of the Respondents"; is that correct?

14 MR. EHSAN: Objection to form.

15 THE WITNESS: Yes.

16 BY MS. BALDWIN:

17 Q. And it looks like 30 percent of the  
18 Respondents rated medical education 100 as being  
19 the highest influencing factor on their prescribing  
20 habits; is that correct?

21 MR. EHSAN: Objection to form.

22 THE WITNESS: Yes.

23 BY MS. BALDWIN:

24 Q. And the second highest factor was  
25 peer-reviewed journal articles; correct?

1 A. Yes.

2 Q. And then influence of opinion leaders;  
3 correct?

4 MR. EHSAN: Objection to form.

5 MR. ROBINSON: Objection form.

6 THE WITNESS: Influence of peer --

7 BY MS. BALDWIN:

8 Q. 15 percent of Respondents --

9 A. Would be third doing that, right. Yes.

10 Q. If you turn to Page 14, it says, "Medical  
11 education is considered more important than journal  
12 articles or studies by PC docs"; correct?

13 MR. EHSAN: Objection to form.

14 BY MS. BALDWIN:

15 Q. As one of the two most important  
16 parameters common across all specialties.

17 MR. EHSAN: Same objection.

18 THE WITNESS: I just want to see what PC  
19 doc means.

20 BY MS. BALDWIN:

21 Q. I believe it means primary care.

22 A. Primary care, got it. Yes.

23 MR. EHSAN: Objection to form.

24 BY MS. BALDWIN:

25 Q. So it says, "The two most important

1 parameters are common across all specialties."

2 Medical education is considered more important than  
3 journal articles or studies by primary care  
4 doctors; correct?

5 MR. EHSAN: Objection to form.

6 THE WITNESS: Yes.

7 BY MS. BALDWIN:

8 Q. If you look at the bottom underneath this  
9 chart, it says, "All specialties rate sales  
10 representative messages as relatively unimportant,  
11 although statistical modeling of promotion response  
12 will generally show it to have more effect than a  
13 doctor realizes." Do you see that?

14 MR. EHSAN: Objection to form.

15 BY MS. BALDWIN:

16 Q. Does that surprise you?

17 A. No.

18 MR. ROBINSON: Objection.

19 MR. EHSAN: Objection to form.

20 BY MS. BALDWIN:

21 Q. Pharmaceutical companies wouldn't spend  
22 millions of dollars on detailing physicians if it  
23 didn't influence their prescribing pattern;  
24 correct?

25 MR. ERCOLE: Objection to form.

1 BY MS. BALDWIN:

2 Q. That's just common sense.

3 A. Yes.

4 MR. ERCOLE: Objection to form.

5 BY MS. BALDWIN:

6 Q. And then below that, it says, "All  
7 specialties rate peer interaction as relatively  
8 important, only slightly below influence of opinion  
9 leaders." Do you see that?

10 MR. EHSAN: Objection to form.

11 THE WITNESS: I do.

12 BY MS. BALDWIN:

13 Q. So the results of this show -- this study  
14 that Janssen did are showing that the opinions of  
15 the opinion leaders and medical education are  
16 pretty important factors in influencing the  
17 prescribing of physicians; isn't that true?

18 MR. EHSAN: Objection to form.

19 THE WITNESS: That's what this shows.  
20 That's what this states.

21 BY MS. BALDWIN:

22 Q. If you turn to Slide 19, it talks about  
23 the results of this study. And under "National key  
24 opinion leaders," cited 10 and above, is your name,  
25 Dr. Scott Fishman. Do you see that?

1 A. I do.

2 MR. EHSAN: Objection to form.

3 BY MS. BALDWIN:

4 Q. And if you turn to Page 23, "Common  
5 national key opinion leaders across all five  
6 regions," it says, "16 national KOLs are cited by  
7 Respondents across all five regions"; correct?

8 A. Yes.

9 Q. And your name is also there; correct?

10 A. Yes.

11 Q. Then if you turn to 25, this PowerPoint  
12 went into such detail that it even indicated who  
13 were KOLs of KOLs. Do you see that?

14 MR. EHSAN: Objection to form.

15 MR. ROBINSON: Objection.

16 THE WITNESS: I do.

17 BY MS. BALDWIN:

18 Q. And it states, "A total of 31 doctors were  
19 KOLs of other KOLs," and your name is listed there  
20 as a national KOL of other KOLs; correct?

21 A. Correct.

22 Q. If you continue to peruse through this  
23 PowerPoint, you can see that they go into quite a  
24 bit of detail in analyzing the results of this  
25 influence -- KOL influence study; correct?

1 MR. EHSAN: Objection to form.

2 THE WITNESS: Yes.

3 BY MS. BALDWIN:

4 Q. And if you turn to Page 39, they have  
5 "Results on regional key opinion leaders"; correct?

6 A. Yes.

7 Q. And you are listed as one of the top 20  
8 KOLs for Citation Group 2. Do you see that?

9 MR. EHSAN: Objection to form.

10 THE WITNESS: I do.

11 BY MS. BALDWIN:

12 Q. And here they have listed the average  
13 number of events that you attended, average number  
14 of articles you wrote, average influencing rating  
15 for you. Do you see that there?

16 MR. EHSAN: Objection to form.

17 THE WITNESS: I do.

18 BY MS. BALDWIN:

19 Q. And what is your average influence rating?

20 A. It says 4.9.

21 Q. How do you feel about that?

22 MR. EHSAN: Objection to form.

23 MR. ROBINSON: Objection to form.

24 THE WITNESS: I have no idea what that  
25 means.

1 BY MS. BALDWIN:

2 Q. How do you feel about the fact that you  
3 are -- Janssen's attributing an influence rating to  
4 you?

5 MR. EHSAN: Objection to form.

6 MR. ROBINSON: Objection to form.

7 THE WITNESS: You know, I really just  
8 don't know what they're doing with this  
9 information. It's hard for me to understand it.  
10 Again, it makes me uncomfortable in that it might  
11 appear that somehow I'm doing things that are tied  
12 to supporting them. And that's just not the case.

13 So, again, whatever I did to become this  
14 was independent of their work. It makes me  
15 uncomfortable to be on this list.

16 BY MS. BALDWIN:

17 Q. You didn't know they were doing this  
18 in-depth study of your influence, did you?

19 MR. EHSAN: Objection to form.

20 THE WITNESS: No, I did not.

21 BY MS. BALDWIN:

22 Q. But the purpose of the study was to, as  
23 demonstrated by the business objective, is to  
24 determine which KOLs have the most influence on  
25 physicians' prescribing habits; correct?

1 MR. EHSAN: Objection to form.

2 MR. ROBINSON: Objection.

3 THE WITNESS: I'm not sure. These are --  
4 these are citations by other people who view me as  
5 being someone that, you know, they like my  
6 opinions, right.

7 BY MS. BALDWIN:

8 Q. Right. If you turn to Page 4, Janssen's  
9 business objective, not your objective, Janssen's  
10 business objective is to analyze key opinion  
11 leaders, including yourself, without your  
12 knowledge, to understand their relative influence  
13 on physician prescribing; correct?

14 MR. EHSAN: Objection to form.

15 THE WITNESS: Correct. I think they  
16 link -- they -- they link that as an important  
17 influence. But I don't think there's -- there's  
18 cause and effect here with who people cite as their  
19 opinion leaders as to what opinions that they  
20 attribute that person to.

21 So, again, I'm not sure by being a  
22 high-cited person, that that's because they like  
23 that I'm telling them to prescribe more drugs. It  
24 may just be the opposite.

25

1 BY MS. BALDWIN:

2 Q. Right. That's not what I'm asking you.  
3 I'm just asking you about Page 4. This is  
4 Janssen's business objective.

5 A. Yes.

6 MR. EHSAN: Objection to form.

7 THE WITNESS: So I agree that they're  
8 linking that -- the KOLs with -- with helping with  
9 marketing their product.

10 BY MS. BALDWIN:

11 Q. And their objective is to target the most  
12 influential physicians is pain management. Did you  
13 know you were a target?

14 MR. EHSAN: Objection to form.

15 MR. ROBINSON: Objection.

16 THE WITNESS: I did not.

17 BY MS. BALDWIN:

18 Q. Do you know that the physicians that the  
19 sales representatives visit are called "targets"?

20 MR. EHSAN: Objection to form.

21 THE WITNESS: I did not.

22 BY MS. BALDWIN:

23 Q. How does that make you feel to know that  
24 you are a target of Janssen as a key opinion leader  
25 to exert influence on physicians prescribing

1 without your knowledge?

2 MR. ROBINSON: Objection.

3 MR. EHSAN: Objection to form.

4 THE WITNESS: You know I feel good that I  
5 didn't know it, and it didn't have any influence on  
6 me at all. That they would do that doesn't  
7 surprise me, that they're in business to try to  
8 sell their products.

9 BY MS. BALDWIN:

10 Q. Even though they're dangerous narcotics?

11 A. Yes.

12 MR. ROBINSON: Objection to the form.

13 MR. EHSAN: Objection to form.

14 BY MS. BALDWIN:

15 Q. I'm going to show you what I marked as  
16 Exhibit 7.

17 (Exhibit 7 marked.)

18 MS. BALDWIN: I have an extra copy.

19 MR. EHSAN: Is that 7?

20 MS. BALDWIN: Yes.

21 MR. EHSAN: Six was the e-mail and the  
22 attachment?

23 MS. BALDWIN: Correct.

24 MR. ROBINSON: One exhibit.

25 (Cell phone interruption.)

1 THE WITNESS: Okay.

2 BY MS. BALDWIN:

3 Q. So the Exhibit 7 I just handed to you is  
4 Bates-stamped TEVA OK 03063698. This states -- the  
5 title of this PowerPoint states "Key Opinion Leader  
6 Development Plan for Cephalon Pain Franchise." Do  
7 you see that?

8 A. I do.

9 Q. I stated that correctly?

10 A. Yes.

11 Q. It's dated February 4, 2005; correct?

12 MR. ERCOLE: Objection to form,  
13 foundation.

14 THE WITNESS: Yes.

15 BY MS. BALDWIN:

16 Q. And if you turn to the next page, the  
17 overview of the PowerPoint, it lists the value of  
18 key opinion leaders, KOL segmentation, KOL  
19 validation, strategy objectives, critical issues,  
20 action plan calendar, and budget process; correct?

21 MR. ERCOLE: Objection to form.

22 BY MS. BALDWIN:

23 Q. If you turn to Page 3, Cephalon has  
24 created something called the "Influence Pyramid."  
25 Do you see that?

1 MR. ERCOLE: Objection to form, lacks of  
2 foundation.

3 THE WITNESS: I do.

4 BY MS. BALDWIN:

5 Q. The title of this slide is "Value of KOLs;  
6 correct?

7 MR. ERCOLE: Same objection.

8 THE WITNESS: Yes.

9 BY MS. BALDWIN:

10 Q. And there is a period -- a pyramid here,  
11 and at the top of the pyramid are opinion leaders;  
12 correct?

13 MR. ERCOLE: Same objection.

14 THE WITNESS: Correct.

15 BY MS. BALDWIN:

16 Q. And then the -- the -- there is an arrow  
17 pointing down towards "Specialist."

18 MR. ERCOLE: Objection to form.

19 BY MS. BALDWIN:

20 Q. Correct?

21 A. Correct.

22 Q. And then the arrow points further down to  
23 "Primary Care Physicians"; correct?

24 MR. ERCOLE: Same objection.

25 THE WITNESS: Yes.

1 BY MS. BALDWIN:

2 Q. If you turn to Page 4 titled "Value of  
3 KOLs Continued," it states, "Surveys of greater  
4 than 25 years have shown that the Number 1 reason  
5 an M.D. changes prescribing behavior is due to  
6 peers"; correct?

7 MR. ERCOLE: Objection to form.

8 THE WITNESS: Yes.

9 BY MS. BALDWIN:

10 Q. Turn to the next page. The title of this  
11 page is "Importance of KOLs"; correct?

12 MR. ERCOLE: Objection to form.

13 THE WITNESS: Yes.

14 BY MS. BALDWIN:

15 Q. And one of the things that's listed under  
16 "Importance of KOLs" is, "Critical to success of  
17 new product launches"; correct?

18 MR. ERCOLE: Objection to form, lack of  
19 foundation.

20 THE WITNESS: Yes.

21 BY MS. BALDWIN:

22 Q. Then it says, "OLs help to shape clinical  
23 drug development"; correct?

24 A. Yes.

25 Q. "Product positioning"; correct?

1 A. Yes.

2 Q. "Brand development, life cycle  
3 management"; correct?

4 A. Yes.

5 Q. "Prescribing practices"?

6 A. Yes.

7 Q. "i.e., \$\$\$ --

8 A. Yes.

9 Q. -- signifying money; correct?

10 MR. ERCOLE: Objection to form, lack of  
11 foundation.

12 THE WITNESS: Yes.

13 BY MS. BALDWIN:

14 Q. Do you have any idea that this is how  
15 Cephalon viewed the importance of KOLs for its pain  
16 franchise?

17 MR. ROBINSON: Objection to form.

18 MR. ERCOLE: Objection to form, lack of  
19 foundation, calls for speculation.

20 THE WITNESS: I did not.

21 BY MS. BALDWIN:

22 Q. Was this something that would have  
23 surprised you?

24 MR. ERCOLE: Objection to form.

25 MR. ROBINSON: Objection to form.

1 THE WITNESS: Again, I don't know that it  
2 would surprise me. It's a hard question to answer,  
3 but I think I was at this point skeptical enough to  
4 not be surprised.

5 BY MS. BALDWIN:

6 Q. This was not the importance of key opinion  
7 leaders, in your mind; correct?

8 MR. ERCOLE: Objection to form.

9 THE WITNESS: That is correct.

10 BY MS. BALDWIN:

11 Q. In your mind, the importance of the key  
12 opinion leader was to educate other physicians on  
13 pain management or the use of opioids in the  
14 treatment of pain or other mechanisms for treating  
15 pain; correct?

16 MR. ROBINSON: Objection, form.

17 MR. ERCOLE: Same objection.

18 THE WITNESS: Correct, independent of any  
19 of the wishes or needs of the pharmaceutical  
20 company.

21 BY MS. BALDWIN:

22 Q. If you turn to Page 6, there is a diagram.  
23 And in the center of the diagram, it states "KOL  
24 Activities"; correct?

25 A. Yes.

1 Q. And it lists some websites; correct?

2 A. Yes.

3 MR. ERCOLE: Objection to form.

4 BY MS. BALDWIN:

5 Q. P and T committees; correct?

6 A. Yes.

7 Q. Do you know what P and T committees are?

8 A. It's --

9 MR. ERCOLE: Same objection.

10 THE WITNESS: -- pharmacy and therapeutics  
11 committees.

12 BY MS. BALDWIN:

13 Q. And what do those committees do?

14 A. They determine what drugs will be on the  
15 pharmacy for a hospital or health system or health  
16 plan.

17 Q. And according to Cephalon, this is an  
18 activity a key opinion leader might be involved in?

19 MR. ERCOLE: Objection to form,  
20 foundation, calls for speculation.

21 THE WITNESS: Yes.

22 BY MS. BALDWIN:

23 Q. Grand rounds, that's also listed as a KOL  
24 activity; correct?

25 MR. ERCOLE: Same objection.

1 THE WITNESS: Yes.

2 BY MS. BALDWIN:

3 Q. HQ visits; correct?

4 MR. ERCOLE: Same objection.

5 THE WITNESS: I'm trying to think of what  
6 HQ is. Something quality. I don't know what that  
7 is.

8 BY MS. BALDWIN:

9 Q. Headquarters? I'm guessing.

10 MR. ERCOLE: Same objection.

11 THE WITNESS: Yeah.

12 BY MS. BALDWIN:

13 Q. You still don't know what that means?

14 A. Health quality? I don't know.

15 Q. Advisory board, that's listed as a KOL  
16 activity; correct?

17 A. Yes.

18 MR. ERCOLE: Objection to form.

19 BY MS. BALDWIN:

20 Q. Teaching appointments, that's listed as a  
21 KOL activity; correct?

22 MR. ERCOLE: Same objection.

23 MR. ROBINSON: Objection.

24 THE WITNESS: Yes.

25

1 BY MS. BALDWIN:

2 Q. Journal editors?

3 MR. ERCOLE: Same objection.

4 MR. ROBINSON: Objection.

5 THE WITNESS: Yes.

6 BY MS. BALDWIN:

7 Q. Residency programs?

8 MR. ERCOLE: Same objection.

9 MR. ROBINSON: Objection.

10 THE WITNESS: Yes.

11 BY MS. BALDWIN:

12 Q. Guidelines?

13 MR. ERCOLE: Same objection.

14 THE WITNESS: Yes.

15 BY MS. BALDWIN:

16 Q. Posters?

17 MR. ERCOLE: Same objection.

18 THE WITNESS: Yes.

19 BY MS. BALDWIN:

20 Q. Consensus documents?

21 MR. ERCOLE: Same objection.

22 THE WITNESS: Yes.

23 BY MS. BALDWIN:

24 Q. Lectures?

25 MR. ERCOLE: Objection to form.

1 THE WITNESS: Yes.

2 BY MS. BALDWIN:

3 Q. Publications?

4 A. Yes.

5 Q. And trials?

6 MR. ERCOLE: Same objection.

7 THE WITNESS: Yes.

8 BY MS. BALDWIN:

9 Q. If you turn to Page 13, this PowerPoint  
10 discusses how to integrate KOLs into trials;  
11 correct?

12 MR. ERCOLE: Objection to form.

13 THE WITNESS: Yes.

14 BY MS. BALDWIN:

15 Q. And is it your understanding in your  
16 professional experience that that's something key  
17 opinion leaders are involved in, trials in an  
18 advisory capacity?

19 MR. ERCOLE: Objection to form, vague.

20 MR. ROBINSON: Objection.

21 THE WITNESS: Yes.

22 BY MS. BALDWIN:

23 Q. The next slide talks about how to  
24 recruit -- recruiting tips for KOLs for trials; is  
25 that correct?

1 MR. ERCOLE: Objection to form.

2 BY MS. BALDWIN:

3 Q. On Page 14.

4 A. Oh, 14, I'm sorry. So Slide 14 looks like  
5 it's how to recruit for a trial.

6 Q. How to recruit a key opinion leader?

7 A. I don't know if it's key opinion leaders.

8 MR. ERCOLE: Objection to form.

9 THE WITNESS: I don't -- I don't know how  
10 this would recruit key opinion leaders. To me this  
11 looks like it's how you -- if you are going to do a  
12 clinical trial, that this -- these are the kinds of  
13 things you do to inform people that you're going to  
14 do the trial to get engagement of potential  
15 clinicians who would then recruit their patients  
16 into the trial, I think.

17 BY MS. BALDWIN:

18 Q. The next slide is headed "KOL  
19 Segmentation." Do you see that?

20 A. Yes.

21 Q. And it's segmented into three points:  
22 Influence level?

23 MR. ERCOLE: Objection to form, to the  
24 extent that's a question.

25 THE WITNESS: Yes.

1 BY MS. BALDWIN:

2 Q. And segmented under influence level -- KOL  
3 segmentation is -- is, under influence level, is  
4 broken down to national, regional, and local;  
5 correct?

6 MR. ERCOLE: Objection to form,  
7 foundation.

8 THE WITNESS: Yes.

9 BY MS. BALDWIN:

10 Q. And specialties are broken down into  
11 groups as well. Do you see that?

12 MR. ERCOLE: Same objection.

13 THE WITNESS: Correct.

14 BY MS. BALDWIN:

15 Q. And then there is a target number listed  
16 for national, regional, and local key opinion  
17 leaders?

18 A. Yes.

19 MR. ERCOLE: Objection to form.

20 MR. ROBINSON: Objection.

21 BY MS. BALDWIN:

22 Q. On Page 16, you will see it's titled "KOL  
23 Validation"; correct?

24 A. Yes.

25 Q. And the first bullet point states, "Define

1 variables: Publications, lectures, trials,  
2 editorial boards, society offices guidelines, FDA  
3 advisory committee, training program director,  
4 advisory boards, books, committees, academic  
5 appointments, et cetera." Correct?

6 MR. ERCOLE: Objection to form.

7 THE WITNESS: Yes.

8 BY MS. BALDWIN:

9 Q. And the next bullet point is "Establish  
10 weighted importance"; correct?

11 MR. ERCOLE: Objection to form.

12 THE WITNESS: Yes.

13 BY MS. BALDWIN:

14 Q. And then "Compare and contrast key opinion  
15 leaders"; correct?

16 MR. ERCOLE: Objection to form.

17 THE WITNESS: Yes.

18 BY MS. BALDWIN:

19 Q. If you turn to the next page, it shows an  
20 example of how Cephalon's doing this KOL  
21 validation; correct?

22 MR. ERCOLE: Objection to form.

23 THE WITNESS: Yes.

24 BY MS. BALDWIN:

25 Q. And they have two key opinion leaders

1 listed. Do you see that? Dr. --

2 MR. ERCOLE: Yes.

3 THE WITNESS: Yes.

4 BY MS. BALDWIN:

5 Q. I believe that's Dr. Brennan and  
6 Dr. Portenoy; correct?

7 MR. ERCOLE: Same objection.

8 THE WITNESS: Yes.

9 BY MS. BALDWIN:

10 Q. And it assigns them a weight or a number  
11 based on the various activities, the various  
12 variables that we just went over; correct?

13 A. Uh-huh.

14 MR. ERCOLE: Objection to form.

15 BY MS. BALDWIN:

16 Q. And then it compares them, compares their  
17 scores in this chart. Do you see that?

18 A. I do.

19 MR. ERCOLE: Objection to form.

20 BY MS. BALDWIN:

21 Q. Did you know that key opinion leaders,  
22 such as Portenoy or Brennan or yourself, were  
23 subject to these validation variables and then  
24 weighted and compared and contrasted against each  
25 other in regards to your influence on your peers?

1 MR. ROBINSON: Objection to form.

2 MR. ERCOLE: Objection to form.

3 THE WITNESS: I was not.

4 BY MS. BALDWIN:

5 Q. If you turn to the next slide, it says,  
6 "Building long-term relationships." And one of the  
7 ways to do that is develop strategies and tactics  
8 for long-term relationships. Another way is who,  
9 quote, "owns" the KOL relationship. That's medical  
10 science liaison versus sales rep, field personnel  
11 versus HQ, primary versus secondary contact;  
12 correct?

13 MR. ERCOLE: Objection to form, calls for  
14 speculation, lacks of foundation.

15 MR. ROBINSON: Objection.

16 THE WITNESS: Yes.

17 BY MS. BALDWIN:

18 Q. Were you aware that there was an employee  
19 at individual -- at Cephalon -- strike that.

20 Were you aware that there was an employee  
21 at Cephalon who owned the relationship between you  
22 and Cephalon?

23 MR. ERCOLE: Objection, form.

24 MR. ROBINSON: Objection, form.

25 THE WITNESS: I was not aware.

1 BY MS. BALDWIN:

2 Q. Turn to the next slide. It talks about  
3 Cephalon's pain franchise strategy. Do you see  
4 that?

5 A. I do.

6 Q. Are you familiar with Cephalon's pain  
7 franchise?

8 A. No.

9 Q. Do you know the opioids that Cephalon  
10 marketed?

11 A. I can't recall it off the top of my head  
12 right now.

13 Q. Are you familiar with ACTIQ?

14 A. I am.

15 Q. Are you familiar with Fentora?

16 A. I am.

17 Q. And what is ACTIQ?

18 A. It's a -- it's a transmucosal fentanyl  
19 delivery system for rapid onset of analgesia.

20 Q. Fentanyl is a highly potent opioid;  
21 correct?

22 MR. ERCOLE: Objection to form.

23 THE WITNESS: Yes.

24 BY MS. BALDWIN:

25 Q. It's around 75 to a hundred times as

1 potent as morphine; correct?

2 MR. ERCOLE: Objection to form.

3 THE WITNESS: I believe that's correct.

4 BY MS. BALDWIN:

5 Q. Under -- so you see under "Cephalon pain  
6 franchise strategy," it says, "Build long-term KOL  
7 relationships, establish Cephalon as a leader in  
8 pain management, understand the motivations of a  
9 very diverse target audience to effectively  
10 interact and engage"; correct?

11 MR. ERCOLE: Objection to form,  
12 foundation.

13 THE WITNESS: Yes.

14 BY MS. BALDWIN:

15 Q. On the next page, it lists Cephalon's  
16 objectives: "Identify top tier KOLs at national,  
17 regional, and local levels, establish budget for  
18 KOL development, understand the prescribing  
19 behaviors and motivations of a very diverse target  
20 audience to effectively deliver optimal messages,  
21 identify current supporters and critics"; correct?

22 MR. ERCOLE: Objection to form.

23 THE WITNESS: That is what is on this  
24 page.

25

1 BY MS. BALDWIN:

2 Q. Did you know that Cephalon was trying to  
3 identify the prescribing behaviors of audiences  
4 that were listening to talks and education material  
5 that were delivered by key opinion leaders such as  
6 yourself?

7 MR. ERCOLE: Sorry. Were you done?

8 Objection to form, speculation, foundation.

9 MR. ROBINSON: Objection.

10 THE WITNESS: I did not.

11 BY MS. BALDWIN:

12 Q. Does that surprise you?

13 MR. ERCOLE: Same objection.

14 THE WITNESS: It surprised me a little bit  
15 more than some of the others. But, you know,  
16 again, I've got to say, it's hard to be completely  
17 surprised.

18 BY MS. BALDWIN:

19 Q. Does it concern you that they were trying  
20 to understand the prescribing behaviors of the  
21 audience that you lectured to in order to  
22 effectively deliver optimal messages?

23 MR. ERCOLE: Objection to form, lack of  
24 foundation, mischaracterizes the document, calls  
25 for speculation.

1 THE WITNESS: So, again, it wouldn't  
2 surprise me if they were, after the fact, trying to  
3 understand who was in the audience. It would  
4 surprise me more if they were trying to select an  
5 audience for me to speak to, that were more  
6 manipulatable, et cetera. That would -- that would  
7 surprise me.

8 BY MS. BALDWIN:

9 Q. If you turn to Page 21, it's titled  
10 "Critical Issues." Do you see that?

11 A. I do.

12 Q. And the critical issues Cephalon lists are  
13 "Small number of KOLs influence hundreds of  
14 prescribers." Do you see that?

15 MR. ERCOLE: Objection to form,  
16 foundation.

17 THE WITNESS: I do.

18 BY MS. BALDWIN:

19 Q. "A small number of prescribers generate  
20 large dollar volume." Did you know that?

21 MR. ERCOLE: Objection to form.

22 THE WITNESS: Did I know that?

23 MR. ROBINSON: Objection to form.

24 BY MS. BALDWIN:

25 Q. That's what it says; correct?

1 MR. ERCOLE: Same objection.

2 THE WITNESS: That's what it says.

3 BY MS. BALDWIN:

4 Q. Did you know that?

5 MR. ERCOLE: Same objection.

6 THE WITNESS: I didn't.

7 BY MS. BALDWIN:

8 Q. Did you know that the Defendants in this  
9 litigation targeted a small number of prescribers  
10 who prescribed the most opioids and generated the  
11 largest dollar value from those limited pool of  
12 prescribers?

13 MR. ERCOLE: Objection to form, calls for  
14 speculation, foundation.

15 THE WITNESS: I have to say not only did I  
16 not know that, but they wouldn't have targeted me  
17 as a KOL if that were the fact.

18 MS. BALDWIN: Do you want to go off -- we  
19 need to change the disk.

20 THE VIDEOGRAPHER: We are going off the  
21 record at 11:53.

22 (Recess taken.)

23 THE VIDEOGRAPHER: This is the start of  
24 Disk 2, back on the record at 12:04.

25

1 BY MS. BALDWIN:

2 Q. Do you understand you're still under oath?

3 A. I do.

4 Q. Before we --

5 MR. ROBINSON: Doctor, you understand you  
6 are under oath throughout this deposition; correct?

7 THE WITNESS: I do.

8 BY MS. BALDWIN:

9 Q. Okay.

10 MS. BALDWIN: Thanks for the help.

11 BY MS. BALDWIN:

12 Q. So before we took a break, you were  
13 looking at -- we were looking at the key opinion  
14 leader Development Plan for Cephalon Pain  
15 Franchise. Do you recall that?

16 MR. ERCOLE: Objection to form,  
17 foundation.

18 THE WITNESS: Yes.

19 BY MS. BALDWIN:

20 Q. If you turn to Page 23, it talks about  
21 "OVF critical success factors." Do you see that?

22 MR. ERCOLE: Objection to form.

23 THE WITNESS: I do see that.

24 BY MS. BALDWIN:

25 Q. And under this heading, "Some of these

1 critical success factors include building KOL  
2 society loyalty and relationships"; correct?

3 MR. ERCOLE: Objection to form.

4 THE WITNESS: I see that here.

5 BY MS. BALDWIN:

6 Q. "Raising recognition of proper assessment  
7 and TX of BTP and CA and nonCA." Do you see that?

8 A. I do.

9 MR. ERCOLE: Objection to form.

10 BY MS. BALDWIN:

11 Q. And I believe that means treatment of  
12 breakthrough pain and cancer and noncancer. Does  
13 that look right to you?

14 MR. ERCOLE: Objection to form, lack of  
15 foundation, speculation.

16 THE WITNESS: I believe the same.

17 BY MS. BALDWIN:

18 Q. Okay. We talked about how Cephalon  
19 marketed ACTIQ and Fentora; correct?

20 MR. ERCOLE: Same objection.

21 THE WITNESS: I'm sorry, can you say that  
22 again?

23 BY MS. BALDWIN:

24 Q. We discussed earlier how Cephalon  
25 manufactured ACTIQ and Fentora; correct?

1 MR. ERCOLE: Same objection.

2 THE WITNESS: I don't recall talking about  
3 how they manufactured --

4 BY MS. BALDWIN:

5 Q. Okay. You just said you were familiar  
6 with ACTIQ and Fentora?

7 A. I'm familiar with the products.

8 Q. Did you know that Cephalon manufactured  
9 those products?

10 A. You know, again, I probably did at some  
11 point.

12 Q. Do you know -- do you recall the  
13 indications for ACTIQ or Fentora?

14 A. Yes.

15 Q. And what are those indications?

16 A. Breakthrough pain in a patient who is  
17 opioid-tolerant, who needs rapid onset analgesia.

18 Q. And in 2006 was that break -- breakthrough  
19 cancer pain --

20 MR. ROBINSON: Objection.

21 BY MS. BALDWIN:

22 Q. -- only that that was indicated for?

23 MR. ERCOLE: Objection to form.

24 THE WITNESS: I don't recall if it was  
25 only cancer pain or not.

1 BY MS. BALDWIN:

2 Q. And the next bullet point says, "Establish  
3 RAO term and link to BTP as appropriate TX";  
4 correct?

5 MR. ERCOLE: Same objection.

6 THE WITNESS: I see that here.

7 BY MS. BALDWIN:

8 Q. Do you understand that to mean establish  
9 rapid opioid term and link to breakthrough pain as  
10 appropriate treatment?

11 MR. ERCOLE: Objection to form,  
12 speculation, foundation.

13 THE WITNESS: Yes.

14 BY MS. BALDWIN:

15 Q. And the last bullet point, do you see,  
16 "Key opinion leaders' and Pain Society's  
17 endorsement of OVF"?

18 MR. ERCOLE: Objection to form.

19 BY MS. BALDWIN:

20 Q. That's one of the critical success factors  
21 listed here; correct?

22 MR. ERCOLE: Same objection.

23 THE WITNESS: Can you say that -- I'm not  
24 seeing the wording you just --

25

1 BY MS. BALDWIN:

2 Q. The last bullet point, "KOL and Pain  
3 Society's endorsement of OVF"; correct?

4 A. Yes. Yes.

5 Q. And the next slide has "Cephalon's action  
6 plan." Do you see that?

7 MR. ERCOLE: Objection to form.

8 THE WITNESS: I did see that.

9 BY MS. BALDWIN:

10 Q. And part of that action plan is, "Analyze,  
11 segment, and validate key opinion leaders";  
12 correct?

13 MR. ERCOLE: Same objection.

14 THE WITNESS: Yes.

15 BY MS. BALDWIN:

16 Q. And another part of the action plan is to  
17 "Meet with executives of key professional  
18 societies, including the AAPM"; correct?

19 MR. ERCOLE: Objection to form.

20 THE WITNESS: Yes.

21 BY MS. BALDWIN:

22 Q. You were a board member of the AAPM --

23 MR. ROBINSON: Objection.

24 BY MS. BALDWIN:

25 Q. -- correct?

1 A. I was, yes.

2 Q. And it also says "Meet with executives of  
3 APS"; correct?

4 MR. ERCOLE: Objection to form.

5 THE WITNESS: Correct.

6 BY MS. BALDWIN:

7 Q. You were a board member of APS; correct?

8 A. Correct. I should say I don't think  
9 executives -- board members are considered  
10 executives.

11 Q. So are executives -- there is an executive  
12 branch of the organization, and then there is the  
13 board of directors?

14 A. Executives are the --

15 Q. -- officers?

16 A. No. The executives would be the -- well,  
17 again, I don't know what they mean by -- the  
18 executive director is a staff position and, you  
19 know, the executive suite is the people who run the  
20 organization, as opposed to the volunteers who are  
21 on the board or serve other leadership roles.

22 Q. The action plan does include meeting with  
23 executives of AAPM and APS; correct?

24 MR. ERCOLE: Objection to form.

25 THE WITNESS: That's what it says here.

1 BY MS. BALDWIN:

2 Q. And you were -- and you were on the board  
3 of both of those organizations?

4 A. Correct.

5 MR. ERCOLE: Objection.

6 MR. ROBINSON: Asked and answered.

7 BY MS. BALDWIN:

8 Q. The last bullet point of the action plan  
9 that includes "Build relationships with patient  
10 advocacy groups"; correct?

11 A. Yes.

12 Q. If you turn to the next page, this slide's  
13 entitled "National Level KOLs"; correct?

14 MR. ERCOLE: Same objection.

15 THE WITNESS: Yes.

16 BY MS. BALDWIN:

17 Q. And you are listed there, Scott Fishman,  
18 M.D. --

19 MR. ERCOLE: Objection to form.

20 BY MS. BALDWIN:

21 Q. -- correct?

22 A. Yes.

23 Q. And if you turn to the next page, it says,  
24 "Action Plan National KOLs," and the action plan  
25 for the national KOLs include "Establish national

1 pain medicine executive advisory board and meet at  
2 least twice a year." Do you see that?

3 MR. ERCOLE: Objection to form.

4 THE WITNESS: Yes, I see that.

5 BY MS. BALDWIN:

6 Q. "Conduct advisory boards for managed care,  
7 pharmacy, nursing, risk management"; correct?

8 A. Yes, I see that.

9 Q. "Attend and conduct activities at key Pain  
10 Society meetings, educational symposia, posters,  
11 hospitality suites, investigator meetings, exhibit  
12 booths, reporter interviews, highlight Cephalon  
13 pain award, one-on-one meetings"; correct?

14 MR. ERCOLE: Objection to form.

15 THE WITNESS: Yes.

16 BY MS. BALDWIN:

17 Q. And then it lists ESP booths; correct?

18 A. I see that, yes.

19 Q. Are you familiar with ESP booths?

20 A. I'm not.

21 Q. And then the action plan for national KOLs  
22 continues on the next page, and that includes  
23 "Maximizing breakthrough pain guidelines, follow-up  
24 projects"; correct?

25 MR. ERCOLE: Objection to form,

1 mischaracterizes.

2 THE WITNESS: That's what I see.

3 BY MS. BALDWIN:

4 Q. "And involving national KOLs and pub  
5 plan," which I take to mean publishing plan. Does  
6 that look correct to you?

7 MR. ERCOLE: Objection to form. Counsel's  
8 telling the witness what the document he has never  
9 seen supposedly means.

10 THE WITNESS: That's what it says.

11 BY MS. BALDWIN:

12 Q. The document says "involve national KOLs  
13 and pub plan"; correct?

14 A. Correct.

15 Q. CME, ACPE, ANCE programs are listed as an  
16 action plan for national KOLs; correct?

17 MR. ERCOLE: Objection to form.

18 THE WITNESS: They're listed, yes.

19 BY MS. BALDWIN:

20 Q. "PR activities," the last bullet point,  
21 that's also listed?

22 A. Yes.

23 Q. And then there is -- on the next page,  
24 there is a slide for "Regional-level KOLs" that  
25 lists what Cephalon believes are regional KOLs;

1 correct?

2 MR. ERCOLE: Objection to form, calls for  
3 speculation as to what Cephalon supposedly believes  
4 based upon the document the witness has never seen  
5 before.

6 THE WITNESS: It lists names of  
7 regional-level KOLs.

8 BY MS. BALDWIN:

9 Q. And the next slide has an action plan for  
10 regional KOLs; correct?

11 A. Yes.

12 Q. And the first bullet point states,  
13 "Conduct consultant meetings"; correct?

14 MR. ERCOLE: Objection to form.

15 THE WITNESS: That's what it says.

16 BY MS. BALDWIN:

17 Q. And under that bullet point, it says, "Use  
18 national KOLs as speakers"; correct?

19 MR. ERCOLE: Objection to form.

20 THE WITNESS: That's what it says.

21 BY MS. BALDWIN:

22 Q. And then if you go to Page 31, there is an  
23 action plan for local KOLs; correct?

24 A. Yes.

25 Q. If you turn to the next page, they have

1 society-specific plans; correct?

2 MR. ERCOLE: Objection to form.

3 THE WITNESS: Yes.

4 BY MS. BALDWIN:

5 Q. And Cephalon gives the example of 2005  
6 AAPM; correct?

7 A. That's what it says.

8 MR. ERCOLE: Objection to form.

9 BY MS. BALDWIN:

10 Q. And you were the president of the AAPM at  
11 that time; correct?

12 A. That is correct.

13 Q. And CFF -- CSF, critical success factors,  
14 under this plan, "Society-specific plan for AAPM in  
15 2005 include building KOL society, loyalty, and  
16 relationships"; correct?

17 MR. ERCOLE: Objection to form.

18 THE WITNESS: That's what it says.

19 BY MS. BALDWIN:

20 Q. "Raising recognition of proper assessment  
21 and treatment of breakthrough pain and cancer and  
22 noncancer"; correct?

23 MR. ERCOLE: Objection to form,  
24 mischaracterizes the document.

25 THE WITNESS: That's what it says.

1 BY MS. BALDWIN:

2 Q. "Establish rapid-acting opioid term and  
3 link to breakthrough pain as appropriate  
4 treatment"; correct?

5 MR. ERCOLE: Same objection.

6 THE WITNESS: That is what it says.

7 BY MS. BALDWIN:

8 Q. "Establish Cephalon as valued partner to  
9 pain community"; correct?

10 A. That's what it says.

11 MR. ERCOLE: Same objection.

12 BY MS. BALDWIN:

13 Q. "KOLs' and Pain Society's endorsements of  
14 OVF"; correct?

15 MR. ERCOLE: Objection to form.

16 THE WITNESS: That's what it says.

17 BY MS. BALDWIN:

18 Q. When you were president of the AAPM, did  
19 you know at that time in 2005 that Cephalon had the  
20 society-specific plan that involved all of these  
21 critical success factors?

22 A. I did not.

23 MR. ERCOLE: Objection to form, calls for  
24 speculation, plus the document is labeled "Draft"  
25 on the front.

1 BY MS. BALDWIN:

2 Q. And you didn't intend as president of AAPM  
3 for Cephalon to carry out these critical success  
4 factors amongst AAPM's members at that time, did  
5 you?

6 MR. ERCOLE: Objection to form.

7 THE WITNESS: Can you say that again? I'm  
8 sorry.

9 BY MS. BALDWIN:

10 Q. You didn't intend -- well, strike that.  
11 You didn't intend, as president of AAPM at  
12 this time, for Cephalon to carry out these key  
13 opinion leader action plans that it lists here in  
14 this PowerPoint; correct?

15 MR. ERCOLE: Objection to form.

16 MR. ROBINSON: Form.

17 THE WITNESS: I had no role in this as  
18 president, and I had no knowledge that it was  
19 happening. And there was certainly no intent on my  
20 part for it to happen.

21 BY MS. BALDWIN:

22 Q. This is not something that you intended;  
23 correct?

24 MR. ERCOLE: Same objection.

25 THE WITNESS: Yes, this is -- this is not

1 something that I intended. I had no role in this.

2 BY MS. BALDWIN:

3 Q. This is Cephalon's critical success factor  
4 list; correct?

5 MR. ERCOLE: Objection to form,  
6 foundation.

7 THE WITNESS: This is not familiar to me  
8 or anything that I had a role in.

9 BY MS. BALDWIN:

10 Q. And this is Cephalon's plan, as indicated  
11 in this document; correct?

12 MR. ERCOLE: Objection to form, lack of  
13 foundation.

14 MR. ROBINSON: Objection to form.

15 THE WITNESS: Again, I see what you are  
16 showing me as the plan, the Cephalon. I mean, I  
17 don't have any knowledge that Cephalon did this.

18 BY MS. BALDWIN:

19 Q. But they had a plan to do it; you just  
20 don't know if they actually implemented the plan?

21 MR. ERCOLE: Objection to form.

22 MR. ROBINSON: Objection to form.

23 MR. ERCOLE: Calls for speculation, asked  
24 and answered. Plus, again, the document says  
25 "Draft" on the front page.

1 MS. BALDWIN: You can object. Concise  
2 objections, please. You need to stop your speaking  
3 objections. They're very disruptive to the  
4 deposition. I'm going to ask you to stop doing  
5 that; okay?

6 MR. ERCOLE: You can ask. They're not  
7 speaking objections.

8 MS. BALDWIN: Well, if you are going to  
9 continue to make speaking objections, and we're  
10 going to have a problem, then I'm going to have to  
11 call the judge; okay? And I really don't want to  
12 have to do that.

13 MR. ERCOLE: You can do what you want to  
14 do. I am going to make my objections and make the  
15 record.

16 MS. BALDWIN: You can make your objections  
17 without speaking and coaching a witness, who is  
18 here represented by his own counsel.

19 MR. ERCOLE: How -- how could I -- I don't  
20 want to sidetrack, but how could I possibly coach a  
21 witness if he's represented by his own counsel?

22 MS. BALDWIN: You are making improper  
23 speaking objections. Please stop.

24 MR. ERCOLE: We disagree.  
25

1 BY MS. BALDWIN:

2 Q. I'm sorry, Dr. Fishman. I don't recall if  
3 you were in the middle of answering a question.

4 But Cephalon had a plan. This was  
5 Cephalon's society-specific plan, as indicated in  
6 this document; correct?

7 MR. ERCOLE: Objection, form, lack of  
8 foundation.

9 MR. ROBINSON: Objection.

10 THE WITNESS: You know, what I see here is  
11 a -- is a plan, somebody's plan, for Cephalon. I  
12 don't know if this was Cephalon's plan or not. I  
13 don't really know anything about this other than  
14 what I see on the pages that you gave me, which  
15 lists Cephalon, the name Cephalon, but I don't  
16 really know anything about what Cephalon did or  
17 didn't do.

18 BY MS. BALDWIN:

19 Q. Well, the title of this document is "Key  
20 Opinion Leader Development Plan for Cephalon Pain  
21 Franchise"; correct?

22 MR. ROBINSON: Asked and answered.

23 MR. ERCOLE: Objection to form, asked and  
24 answered.

25 THE WITNESS: Yes.

1 BY MS. BALDWIN:

2 Q. If you turn to the next page, there is a  
3 KOL-specific plan, and you were given as an example  
4 in this PowerPoint. Do you see that?

5 MR. ERCOLE: Objection to form,  
6 foundation.

7 THE WITNESS: I do see it.

8 BY MS. BALDWIN:

9 Q. Did you know that Cephalon drafted a  
10 specific plan to target you personally --

11 MR. ERCOLE: Objection to form.

12 BY MS. BALDWIN:

13 Q. -- as a key opinion leader?

14 MR. ROBINSON: Objection to form.

15 MR. ERCOLE: Sorry about that. I didn't  
16 mean to interrupt. Objection to form, calls for  
17 speculation, lack of foundation, mischaracterizes  
18 the document.

19 BY MS. BALDWIN:

20 Q. Let me ask the question again.

21 Did you know that Cephalon drafted a  
22 specific plan to target you personally as a key  
23 opinion leader?

24 MR. ERCOLE: Objection to form, calls for  
25 speculation, lack of foundation, mischaracterizes

1 the document.

2 MR. ROBINSON: Object.

3 THE WITNESS: I did not know.

4 BY MS. BALDWIN:

5 Q. Does it trouble you that they did this?

6 MR. ERCOLE: Objection to form.

7 MR. ROBINSON: Objection.

8 THE WITNESS: Not really that much,  
9 because I feel like I was immune to whatever they  
10 were trying to do. You know, it wasn't my interest  
11 to be involved in, you know, in perpetuating their  
12 needs, you know. My view was that it was an  
13 independent organization.

14 So it troubles me that, you know,  
15 pharmaceutical companies in general operate this  
16 way, but in specific, you know, I had no control  
17 over what people were trying to think about what  
18 they do with me and why they were doing it. I was  
19 well aware that the companies were friendly, but  
20 they weren't friends, you know, they were  
21 colleagues. They were professional contacts, and I  
22 had to work with them carefully.

23 BY MS. BALDWIN:

24 Q. You understand, and you've testified  
25 today, I think several times, your dealings --

1 through your dealings with the pharmaceutical  
2 industry, you know that they advertise their  
3 products; right?

4 MR. ERCOLE: Objection to form.

5 THE WITNESS: Yes.

6 BY MS. BALDWIN:

7 Q. You know that the opioid manufacturers  
8 including the Defendants in this room, advertise  
9 their products; correct?

10 MR. ERCOLE: Objection to form, vague.

11 THE WITNESS: Yes.

12 BY MS. BALDWIN:

13 Q. You know they market them?

14 MR. ERCOLE: Objection to form.

15 THE WITNESS: I do.

16 BY MS. BALDWIN:

17 Q. You know they market them to healthcare  
18 professionals; correct?

19 MR. ERCOLE: Same objection.

20 THE WITNESS: I assume I do know that,  
21 yes.

22 BY MS. BALDWIN:

23 Q. We've seen that today through these  
24 PowerPoints?

25 A. Yes.

1 Q. You are aware that they send sales reps to  
2 detail physicians?

3 A. Yes.

4 MR. ERCOLE: Objection to form, vague.

5 BY MS. BALDWIN:

6 Q. You understand that some of the ways that  
7 the drug companies marketed their opioids was to  
8 have dinners and give presentations where doctors  
9 spoke to other doctors; correct?

10 MR. ROBINSON: Objection to form.

11 MR. ERCOLE: Objection to form.

12 THE WITNESS: Yes.

13 BY MS. BALDWIN:

14 Q. You understand that the drug companies  
15 created and utilized marketing materials; correct?

16 MR. ERCOLE: Objection to form.

17 THE WITNESS: I assume they do. I really  
18 don't have direct knowledge of them creating  
19 marketing materials. I wasn't involved in that, in  
20 any way. So I -- you know, specific answer would  
21 be, no, I don't really know with any factual basis  
22 that they create marketing materials and what's in  
23 those marketing materials.

24 BY MS. BALDWIN:

25 Q. You've never seen a sales representative

1 leave behind -- what a sales representative would  
2 leave in a doctor's office when they call on them?

3 MR. ROBINSON: Objection, form. Can you  
4 read that back?

5 (Record read.)

6 MS. BALDWIN: Strike that. I'll ask the  
7 question.

8 BY MS. BALDWIN:

9 Q. You've never seen any materials -- and  
10 sometimes they're called "leave-behinds" -- that a  
11 sales representative would leave in a doctor's  
12 office after they've stopped by on a call?

13 MR. ERCOLE: Objection form.

14 THE WITNESS: I've seen representatives  
15 leave behind materials. I didn't think that's what  
16 you were asking me.

17 BY MS. BALDWIN:

18 Q. Okay. Yeah, that would include -- that  
19 would be encompassed in my question. You  
20 understand that Defendant -- that the Defendants in  
21 this litigation, pharmaceutical companies, opioid  
22 manufacturers create marketing materials to sell  
23 their products?

24 MR. ROBINSON: Objection to form.

25 MR. ERCOLE: Objection to form.

1 THE WITNESS: I am aware of marketing  
2 materials. I don't know much more of it than I've  
3 seen -- I see the results of their marketing  
4 efforts.

5 BY MS. BALDWIN:

6 Q. You, in your professional career, are  
7 familiar with opioid manufacturers partnering with  
8 other organizations or professional societies to  
9 hold seminars, symposia, continuing medical  
10 education; correct?

11 MR. ROBINSON: Objection.

12 MR. ERCOLE: Same objection.

13 THE WITNESS: I know that these  
14 organizations work with industry. The word  
15 "partnering" can be understood in different ways.  
16 So hopefully it's not partnering in, you know,  
17 there's usually an arm's length and an independence  
18 there that partner -- that would argue that  
19 "partnering" is not the right word.

20 BY MS. BALDWIN:

21 Q. So you understand that healthcare -- or  
22 that pharmaceutical companies like opioid  
23 manufacturers work with professional societies and  
24 third-party advocacies to hold symposia, medical  
25 education, and conferences, things of that nature;

1 correct?

2 MR. ERCOLE: Objection to form.

3 MR. ROBINSON: Objection to form.

4 MR. ERCOLE: Lumps everyone together.

5 THE WITNESS: I understand that they  
6 support the activities of those organizations.

7 BY MS. BALDWIN:

8 Q. Okay. And that includes Purdue Pharma?

9 A. Yes.

10 Q. And that includes Johnson & Johnson?

11 A. Yes.

12 Q. And Janssen?

13 A. Yes.

14 Q. And Cephalon?

15 MR. ERCOLE: Objection to form.

16 THE WITNESS: Yes.

17 BY MS. BALDWIN:

18 Q. And Ortho-McNeil?

19 A. Yes.

20 Q. And Teva Pharmaceuticals?

21 MR. ERCOLE: Objection to form.

22 BY MS. BALDWIN:

23 Q. And you understand that because you are a  
24 doctor yourself, that healthcare professionals,  
25 including doctors and nurses, that when they have

1 all this information coming at them -- marketing  
2 materials, medical education, sales detailing, all  
3 of these things -- that some of this can influence  
4 how they practice. Would you agree with that?

5 MR. ROBINSON: Objection to form.

6 MR. ERCOLE: Objection to form.

7 THE WITNESS: I would agree with that.

8 BY MS. BALDWIN:

9 Q. They can form the basis of a physician's  
10 knowledge in a certain area; for example, pain  
11 management?

12 MR. ERCOLE: Objection to form, vague.

13 MR. ROBINSON: Objection to form.

14 THE WITNESS: Again, they -- they can. I  
15 think it's, you know, an important responsibility  
16 that we have as independent scientific clinicians  
17 that we balance that. But it's -- you know, again,  
18 everybody does it differently. So -- but it's  
19 significant effort that needs to be put into  
20 interpreting and understanding where that  
21 information comes from and being discerning.

22 BY MS. BALDWIN:

23 Q. And this -- you would agree that this  
24 information, all this information that we talked  
25 about previously, can form the basis, or part of

1 the basis, of a doctor's knowledge in a specific  
2 area like pain management; correct?

3 MR. ERCOLE: Objection to form, vague.

4 THE WITNESS: Yes, I would agree.

5 BY MS. BALDWIN:

6 Q. And you understand that once this  
7 information forms a basis of, or a part of a basis  
8 of a physician's knowledge about, for example, pain  
9 management, that it can influence their  
10 decision-making?

11 MR. ROBINSON: Objection to form.

12 MR. ERCOLE: Objection to form.

13 BY MS. BALDWIN:

14 Q. Would you agree with that?

15 MR. EHSAN: Same objection.

16 THE WITNESS: I would agree with that.

17 BY MS. BALDWIN:

18 Q. That's part of the intent of all of the  
19 things we talked about -- the sales detailing, the  
20 marketing material, and presenting -- or working  
21 with third-party organizations on creating medical  
22 education and all of these efforts that the  
23 pharmaceutical companies spend millions of dollars  
24 doing, the intent is that it will help form the  
25 basis of the physician's knowledge and influence

1 the decisions they make. Would you agree with  
2 that?

3 MR. ERCOLE: Form, calls for speculation  
4 about "intent."

5 THE WITNESS: I honestly -- I don't know  
6 what "intent" is, but I would agree that that  
7 programming can affect what the clinicians  
8 understand and how they make decisions in the  
9 future. I can't speak to the intent of the  
10 supporters.

11 BY MS. BALDWIN:

12 Q. Well, we've seen some -- you've seen some  
13 documents today, so far. You've see some very  
14 intricate analysis of the opinion leaders and their  
15 influence on prescribing. You've seen use of  
16 speaker bureaus to start a physician on  
17 prescribing. So based on the things that you've  
18 seen today, in your professional experience, would  
19 you agree that the intent of pharmaceutical  
20 companies is to influence the decision-making of a  
21 physician?

22 MR. ERCOLE: Objection to form, calls for  
23 speculation, lacks of foundation.

24 MR. ROBINSON: Form.

25 THE WITNESS: It's a difficult question to

1     answer, because, you know, what you've shown me  
2     today is that these companies appear, based on what  
3     you showed me -- and, again, I don't know if they  
4     are -- they are strategies or programs that were  
5     adopted, or that these are the ways that they  
6     operated. I just don't have knowledge of that.

7             But the fact is that, for instance, they  
8     -- in one of these documents, they -- I think they  
9     choose key opinion leaders on pretty solid grounds,  
10    you know, looking at people who have published and  
11    are running journals and running studies. I think  
12    these are fair elements of what makes someone a  
13    respectable opinion holder.

14            So with that, you know, again, in my mind,  
15    if I was chosen to do programs for an opioid  
16    company, I wasn't out there telling people to  
17    prescribe more; I was telling them to prescribe  
18    thoughtfully. And my belief was that -- that  
19    ultimately lines up with the interest of a company  
20    that believes in their product, you know.

21            But, you know, my -- so I really don't  
22    know the answer to that, to your question.

23    BY MS. BALDWIN:

24            Q.    Is it common sense, though, that a  
25    pharmaceutical company wouldn't spend millions of

1 dollars doing this kind of analysis of influence on  
2 prescribing and detailing physicians and providing  
3 funding for medical education if they didn't intend  
4 that it was going to affect their bottom line --

5 MR. ERCOLE: Objection to form.

6 BY MS. BALDWIN:

7 Q. -- in a positive manner?

8 MR. ERCOLE: Sorry. I didn't mean to  
9 interrupt you. Objection to form, speculation.

10 THE WITNESS: Yeah, I would have to agree  
11 it is common sense that, you know, in their goals  
12 as a business, that they support things that  
13 support their business interests.

14 BY MS. BALDWIN:

15 Q. And is it also common sense that an opioid  
16 manufacturer or pharmaceutical company wouldn't  
17 spend money on a medical education program or a  
18 speaker program in which the message that was going  
19 to be conveyed to the audience would be -- would  
20 negatively impact the company itself?

21 MR. ERCOLE: Objection to form.

22 MR. OXLEY: I'm sorry to interrupt, but  
23 I've been sitting her listening to these questions.  
24 This is becoming outrageous. I mean, he's not here  
25 to talk about what's common sense.

1 MS. BALDWIN: Okay. If you have an  
2 objection, state it on the record. Totally  
3 improper. Totally improper. I'm moving on.

4 MR. OXLEY: I think we need to get a judge  
5 on the phone if you are going to keep doing this.

6 MS. BALDWIN: Sure. Please. I'm sure  
7 Judge Hetherington has plenty of time and would be  
8 happy to sit here and listen to this deposition  
9 today.

10 MR. OXLEY: I'm sure he would as well.

11 BY MS. BALDWIN:

12 Q. Okay. I am going to ask that question  
13 again.

14 Isn't it also common sense that a  
15 manufacturer -- a pharmaceutical company wouldn't  
16 spend money on a medical education program or a  
17 speaker's program or sales -- sending sales  
18 representatives to doctors with specific messages  
19 if those -- if those programs or activities were  
20 going to hurt the company's bottom line?

21 MR. ERCOLE: Objection to form.

22 MR. ROBINSON: Objection to form.

23 THE WITNESS: I suppose that's common  
24 sense.

25

1 BY MS. BALDWIN:

2 Q. I'm showing what you I marked as Exhibit  
3 8.

4 (Exhibit 8 marked.)

5 BY MS. BALDWIN:

6 Q. Have you had time to look at the document?

7 A. Yes, I have.

8 Q. Exhibit 8 is Bates-stamped PPLPC  
9 04100029381. This document is entitled "Guidelines  
10 for Nonpromotional Activities by Scientific and  
11 Medical Personnel Status Update"; correct?

12 A. Yes, that's what it says.

13 Q. And there is a company logo on the cover.  
14 What company is that?

15 A. Purdue.

16 Q. And the date of this PowerPoint  
17 presentation is March 19, 2013. Do you see that?

18 MR. EHSAN: Objection, foundation.

19 THE WITNESS: Yes.

20 BY MS. BALDWIN:

21 Q. And if you turn to the second page, it's  
22 titled "Purpose." Under the first bullet point, it  
23 says, "Explain and define in a single comprehensive  
24 document guiding principles for Purdue's  
25 nonpromotional activities"; correct?

1 A. That's what it says.

2 Q. If you turn to Page 6, you will see some  
3 definitions, and there is a definition of key  
4 opinion leader. Do you see that?

5 A. Yes.

6 Q. Can you read that definition?

7 A. "Key opinion leaders are individuals;  
8 e.g., physicians, who influence their peers'  
9 medical practice, including, but not limited to,  
10 prescribing behavior. KOL may or may not be HCP."  
11 I don't know what HCP is.

12 Q. Healthcare professional.

13 MR. OXLEY: Objection. Testimony by  
14 counsel.

15 BY MS. BALDWIN:

16 Q. Did you know when were you working with  
17 Purdue -- when I say "working with Purdue," I'm  
18 referring to your prior testimony where you talked  
19 about the early days of your career, where you  
20 participated in some speakers' programs, and in  
21 your -- any work you've done with Purdue since that  
22 time period in various capacities -- that Purdue  
23 defined a key opinion leader as an individual who  
24 influences their peers' medical practices including  
25 prescribing bare?

1 MR. ROBINSON: Objection, form,  
2 foundation.

3 MR. OXLEY: Join.

4 THE WITNESS: I did not.

5 BY MS. BALDWIN:

6 Q. Does that trouble you that that's how they  
7 viewed a key opinion leader, including yourself?

8 MR. ROBINSON: Objection, form.

9 MR. OXLEY: Objection, foundation.

10 THE WITNESS: Not really.

11 BY MS. BALDWIN:

12 Q. It doesn't surprise you?

13 A. It doesn't surprise me, no.

14 Q. Does that bother you?

15 MR. OXLEY: Asked and answered.

16 THE WITNESS: Yeah. It -- it bothers  
17 me -- you know, it would bother me depending on  
18 what the meaning of "influence" is. I'm happy to  
19 be someone who influenced people to be responsible  
20 with opioids, for instance. So it really depends  
21 on what is here.

22 BY MS. BALDWIN:

23 Q. Do you think a pharmaceutical company that  
24 markets dangerous controlled substances should be  
25 influencing prescribing patterns of physicians?

1 MR. ROBINSON: Objection, form,  
2 foundation.

3 THE WITNESS: I mean, that's a different  
4 question now that -- you know, I would have to  
5 really think about that. I don't know the answer  
6 to that. They have marketing responsibilities, so  
7 I assume that they have to influence people. They  
8 -- they're allowed to do marketing, and I think it  
9 requires great responsibility in doing -- in  
10 providing that influence. But I assume that they  
11 have a role in influencing the use of their drugs.

12 BY MS. BALDWIN:

13 Q. Do you know that Purdue's goals in  
14 influencing prescribers were to -- for example, for  
15 OxyContin -- were to start opioid-naive patients on  
16 OxyContin, to have them on higher and higher doses  
17 and to maintain them on OxyContin longer to  
18 increase their sales profits?

19 MR. ROBINSON: Objection, form,  
20 foundation.

21 MR. ERCOLE: Join.

22 MR. ROBINSON: You can answer.

23 THE WITNESS: I didn't know that.

24 BY MS. BALDWIN:

25 Q. You weren't aware of that?

1 A. No.

2 Q. Purdue never told you that?

3 A. No.

4 Q. I'm showing you what I marked as

5 Plaintiff's Exhibit 9.

6 (Exhibit 9 marked.)

7 THE WITNESS: Do you want me to read this  
8 entire document?

9 BY MS. BALDWIN:

10 Q. No, I don't. I was going to ask you a  
11 question about one part of one page. But, again,  
12 if you think you need to review it, I'm not going  
13 to stop you.

14 A. Let's see what you ask me. Maybe I'll ask  
15 for more time.

16 Q. Okay. This document is titled "Purdue  
17 Pharma LP Corporate Reputation and Visibility  
18 Strategic Plan"; correct?

19 A. Yes, that's what it says.

20 Q. And the date on it says, "Updated as of  
21 January 21, 2011"; correct?

22 A. Correct.

23 Q. Can you please turn to Page 25?

24 A. Yes.

25 Q. Do you see where it says, "Maximizing

1 external relationships creates/builds new ones"?

2 A. I do.

3 Q. It states, "Key opinion leaders, KOLs, and  
4 professional associations can support or interfere  
5 with a company's efforts to reach audiences."

6 Did I read that correctly?

7 A. Yes.

8 Q. "KOLs can influence healthcare  
9 professionals' prescribing practices. The  
10 emergence of new competition, the 2005 corporate  
11 downsizing, and the WDBA settlement agreement has a  
12 negative impact on Purdue's relationships with  
13 KOLs. The company has an opportunity to capture  
14 these positive relationships through coordinated  
15 liaison and communication efforts."

16 Do you see that?

17 A. Yes.

18 Q. Did you know when you were working with  
19 Purdue that he it believed that KOLs can support or  
20 interfere with a company's efforts to reach key  
21 audiences?

22 MR. OXLEY: Objection, foundation.

23 MR. ROBINSON: Objection, form.

24 THE WITNESS: I did not know that.

25

1 BY MS. BALDWIN:

2 Q. Did you know that Purdue believed KOLs can  
3 influence healthcare professionals' prescribing  
4 practices?

5 A. I did not.

6 Q. Would you like to have known that at the  
7 time when you were working with Purdue?

8 MR. ROBINSON: Objection, form,  
9 foundation.

10 Go ahead.

11 THE WITNESS: It didn't matter to me.

12 BY MS. BALDWIN:

13 Q. It wouldn't have mattered to you that  
14 Purdue wanted to influence physicians' prescribing  
15 practices --

16 MR. ROBINSON: Objection, asked and  
17 answered.

18 BY MS. BALDWIN:

19 Q. -- to improve its --

20 A. Well, it wouldn't change what I did.

21 Q. And I -- I understand that. And I'm not  
22 asking you -- you're saying it wouldn't have  
23 changed what you did?

24 A. Yeah.

25 Q. But wouldn't you have wanted to know,

1 based on the PowerPoints that I've shown you today,  
2 the internal use of key opinion leaders by these  
3 companies that you did work with?

4 A. Perhaps.

5 MR. ERCOLE: Objection to form.

6 BY MS. BALDWIN:

7 Q. Do you think that would have been  
8 something you would have wanted in your arsenal of  
9 knowledge that may have impacted whether or not you  
10 would have continued to accept funding, either  
11 directly or indirectly, from these companies for  
12 medical education and speaking programs?

13 MR. ROBINSON: Objection to form.

14 MR. ERCOLE: Objection to form.

15 THE WITNESS: I think it may have affected  
16 my decisions.

17 BY MS. BALDWIN:

18 Q. And if you had known that, you may have  
19 decided that you didn't want to work with them.  
20 Would you agree with that?

21 MR. ERCOLE: Objection to form.

22 MR. ROBINSON: Objection.

23 THE WITNESS: Yes.

24 BY MS. BALDWIN:

25 Q. Because you wouldn't want -- and why is

1 that?

2 A. Well, I ultimately made that decision not  
3 to -- not to work with them in those ways, because  
4 I feel that there is an apparent conflict of  
5 interest. I don't know that there's an actual one  
6 at the end of the day, when we do the work we do.  
7 We try very hard to make sure there isn't, but I  
8 think that I -- I -- I think I grew to realize that  
9 there was just more of a conflict there than I  
10 thought was tolerable or I could overcome.

11 Q. And had you known that earlier in your  
12 career, it probably would have changed -- you  
13 probably wouldn't have interacted with the  
14 companies in the same manner had you known that?

15 MR. ERCOLE: Objection to form.

16 MR. ROBINSON: Objection to form,  
17 foundation.

18 THE WITNESS: I suspect that's true.

19 BY MS. BALDWIN:

20 Q. Okay. So you testified earlier that you  
21 were associated with the American Pain Society;  
22 correct?

23 A. Yes.

24 Q. And the American Academy of Pain Medicine?

25 A. Correct.

1 Q. And the American Pain Foundation; correct?

2 A. Correct.

3 Q. And you testified that those organizations  
4 received funding from opioid manufacturers;  
5 correct?

6 A. Yes.

7 Q. Including the opioid manufacturers in this  
8 litigation; correct?

9 MR. ERCOLE: Objection to form.

10 MR. ROBINSON: Objection, form,  
11 foundation.

12 You can answer, if you know.

13 THE WITNESS: Yes.

14 BY MS. BALDWIN:

15 Q. Okay. Do you recall in 2012 there was a  
16 Senate Committee -- a U.S. Senate Committee inquiry  
17 into the relationship between opioid manufacturers  
18 and certain third-party organizations?

19 A. I do.

20 Q. And the American Pain Foundation was a  
21 subject of that inquiry; correct?

22 A. It was.

23 Q. And --

24 A. They were -- they were sent a letter  
25 asking for information. I don't know if that means

1 they're the subject of an inquiry, but yeah.

2 Q. And American Pain Foundation received  
3 substantial funding from industry; correct?

4 MR. ROBINSON: Objection.

5 MR. ERCOLE: Objection.

6 MR. ROBINSON: Form.

7 THE WITNESS: Could you say that one more  
8 time?

9 BY MS. BALDWIN:

10 Q. The American Pain Foundation received  
11 substantial funding from industry. Is that fair to  
12 say?

13 A. Yes.

14 MR. ERCOLE: Same objection.

15 BY MS. BALDWIN:

16 Q. And after the American Pain Foundation was  
17 sent a letter from the Senate Finance Committee, I  
18 believe it was, in 2012, sometime soon after that  
19 it ceased operating; correct?

20 A. Yes.

21 Q. It dissolved?

22 A. All I can say is it ceased operation.

23 Q. And after that -- after that inquiry was  
24 initiated, or letter was sent to the American Pain  
25 Foundation regarding the potential connection

1 between -- or financial connection between opioid  
2 manufacturers and American Pain Foundation, is it  
3 true to say that the American Pain Foundation  
4 wasn't able to obtain any more industry funding at  
5 that point?

6 MR. ROBINSON: Objection to form.

7 MR. EHSAN: Objection to form.

8 THE WITNESS: I don't know. I wasn't part  
9 of the American Pain Foundation at that time. So I  
10 had left in 2011. The American Pain Foundation had  
11 significant financial problems well earlier than  
12 that.

13 So I really don't know why they closed  
14 their doors. I know that there is a nexus between  
15 the timing of the Senate Finance Committee and them  
16 closing, but they were -- I can say that up until  
17 the time that I left, they were near -- they were  
18 pretty near to closing even then, at the end of  
19 2011.

20 BY MS. BALDWIN:

21 Q. Because they were having --

22 A. Severe financial problems.

23 Q. -- severe financial problems?

24 A. Yeah.

25 Q. I'm going to show you what I marked as

1 Exhibit 10.

2 (Exhibit 10 marked.)

3 MS. BALDWIN: Can you pass, if there is an  
4 extra one?

5 BY MS. BALDWIN:

6 Q. So I represent to you this is Purdue  
7 Pharma's response to the Senate Finance Committee  
8 letter that was sent on May 8, 2012. You see at  
9 the top left-hand corner, it states, "Response to  
10 Request"; correct?

11 A. Yes.

12 Q. And then underneath that, it says "Summary  
13 of Payments by Name and Year, 1997 through May 8,  
14 2012"; correct?

15 A. Yes.

16 Q. The American Pain Foundation, between 1997  
17 and 2011 -- or 2012, received \$3,642,501 from  
18 Purdue Pharma; is that correct?

19 MR. OXLEY: Objection, foundation. You  
20 mean is that what this says?

21 THE WITNESS: That is what this says.

22 MR. OXLEY: Yes?

23 MS. BALDWIN: My question was my question.  
24 Can you just object, if you have an objection to my  
25 question, and not offer a speaking objection?

1 MR. OXLEY: I assumed you were asking him  
2 if it was true that that's what Purdue gave to the  
3 American Pain Foundation. So if that's your  
4 question, then please ask it again.

5 BY MS. BALDWIN:

6 Q. Dr. Fishman, you understand that there was  
7 a Senate inquiry in 2012 into potential financial  
8 relationships between certain opioid manufacturers,  
9 including Purdue Pharma, and third-party  
10 organizations; correct?

11 A. I do.

12 Q. Okay. I'll represent to you that in  
13 response to that inquiry, Purdue sent some  
14 information to the Senate's Finance Committee that  
15 was produced to the state in this litigation, and  
16 that is what is on Exhibit 9 that I handed to you.

17 My question is --

18 MR. ROBINSON: Exhibit 10, just for the  
19 record; right?

20 THE WITNESS: Exhibit 10.

21 MS. BALDWIN: Oh, Exhibit 10. I'm sorry.

22 BY MS. BALDWIN:

23 Q. My question to you is: Between 1997 --  
24 1997 and 2012, Purdue gave \$3,642,501 to the  
25 American Pain Foundation; correct?

1 MR. OXLEY: Objection, lacks foundation.

2 MR. ROBINSON: Objection, form.

3 THE WITNESS: That is what is stated here.

4 I can't confirm that the numbers are correct, but  
5 it's correct that that's what I see here on the  
6 table.

7 BY MS. BALDWIN:

8 Q. That's what Purdue told the U.S. Senate;  
9 correct?

10 MR. OXLEY: Objection, foundation.

11 MR. ROBINSON: Objection.

12 THE WITNESS: Again, it's what's here, and  
13 I trust you that you are representing what they  
14 gave them.

15 BY MS. BALDWIN:

16 Q. And between 1997 and 2012, Purdue Pharma  
17 gave \$2,035,519 to the American Academy of Pain  
18 Medicine; correct?

19 MR. ROBINSON: Objection.

20 MR. OXLEY: Objection, foundation.

21 THE WITNESS: Again, that's what's listed  
22 here.

23 BY MS. BALDWIN:

24 Q. And between 1997 and 2012, Purdue Pharma  
25 gave \$3,091,264 to the American Pain Society;

1 correct?

2 MR. OXLEY: Same objection.

3 MR. ROBINSON: Objection.

4 THE WITNESS: That is what is here.

5 BY MS. BALDWIN:

6 Q. You were also listed here on this  
7 spreadsheet between -- in 1997, Purdue Pharma gave  
8 you \$24,750; correct?

9 A. That's what's listed, yes.

10 Q. And in 1998, Purdue Pharma gave you  
11 \$2,497; correct?

12 A. Yes, that's what's listed.

13 Q. And in 1999, Purdue Pharma gave you  
14 \$5,843; correct?

15 A. Yes, that's what's listed.

16 Q. And in 2000, Purdue Pharma gave you  
17 \$9,392; correct?

18 A. Again, yes, as listed.

19 Q. An that's a total, between 1997 and 2012,  
20 of \$42,482; correct?

21 MR. ROBINSON: Objection.

22 THE WITNESS: Correct, as listed.

23 MR. ROBINSON: Between 1997 and 2000,  
24 sure.

25

1 BY MS. BALDWIN:

2 Q. I'll rephrase the question. Between 1997  
3 and 2000, Purdue Pharma gave you \$42,482; correct?

4 A. Again, that's what's listed.

5 Q. I'm handing you what I marked as Exhibit  
6 11.

7 (Exhibit 11 marked.)

8 BY MS. BALDWIN:

9 Q. I'll represent to you that this is a  
10 document that Teva produced to this date, in this  
11 litigation, in a response to a request for  
12 information regarding payments made to third-party  
13 organizations.

14 On this first part, this first page, I'll  
15 represent to you, because there was a tab that  
16 wasn't printed with the spreadsheet that said AAPM  
17 on it, but you can tell from some of the text that  
18 references AAPM that these are the payments that  
19 Teva made to the American Academy of Pain Medicine  
20 between 2006 and 2011.

21 MR. ERCOLE: Objection to form.

22 MR. ROBINSON: Objection, form.

23 MR. ERCOLE: Foundation. No distinction  
24 between Teva and other entities.

25 MS. BALDWIN: This is a document that your

1 30 (b)(6) witness gave to us in response to a topic  
2 on this very issue. So if you are going to object  
3 to it, because you didn't produce the information  
4 we requested in another form, that's ridiculous.

5 MR. ERCOLE: Are you done with your  
6 speaking objection?

7 MS. BALDWIN: Yeah, I'm done now.

8 MR. ERCOLE: The witness has never seen  
9 this particular document, plus you keep referring  
10 to "Teva," as if Teva and Cephalon are the same  
11 entity. They're just not. So if you want to reask  
12 the question in a way that makes any sense, please  
13 feel free to do so.

14 BY MS. BALDWIN:

15 Q. Do you understand that Teva owns Cephalon,  
16 Dr. Fishman?

17 MR. ERCOLE: Objection to form.

18 MR. ROBINSON: Objection.

19 THE WITNESS: I accept that they do.

20 BY MS. BALDWIN:

21 Q. I believe you testified earlier that you  
22 thought that Teva had purchased Cephalon; correct?

23 A. Yeah.

24 MR. ERCOLE: Objection to form.  
25

1 BY MS. BALDWIN:

2 Q. So this is a compilation of payments that  
3 Teva, Cephalon, and related entities have provided  
4 to the AAPM between 2006 and 2011, and --

5 MR. ERCOLE: Objection -- sorry. I  
6 thought you were finished.

7 BY MS. BALDWIN:

8 Q. -- is it correct that between 2006 and  
9 2011, Teva and its related entities gave  
10 \$507,377.50 to the American Academy of Pain  
11 Medicine?

12 MR. ROBINSON: Objection, form,  
13 foundation.

14 MR. ERCOLE: Objection, form, foundation,  
15 mischaracterizes the document and entities in the  
16 case.

17 MR. ROBINSON: Objection, form,  
18 foundation.

19 THE WITNESS: I don't -- I can't say that  
20 this is correct. That number is here on this  
21 spreadsheet.

22 BY MS. BALDWIN:

23 Q. That's what this spreadsheet says?

24 A. Yes.

25 Q. If you turn to Page 2, is it correct that

1 between 2006 and 2011, Teva, Cephalon, and related  
2 entities gave \$412,100 to the American Pain  
3 Foundation?

4 MR. ERCOLE: Objection, form, calls --  
5 lack of foundation, calls for speculation, improper  
6 characterization.

7 MR. ROBINSON: Objection, form,  
8 foundation.

9 THE WITNESS: Again, I don't know if it's  
10 correct, but that's what's stated on the table.

11 BY MS. BALDWIN:

12 Q. And if you turn to Page 3, is it true that  
13 between 2006 and 2011 -- 2011, Teva, Cephalon, and  
14 related entities gave \$465,451.25 to the American  
15 Pain Society?

16 MR. ROBINSON: Objection, form,  
17 foundation.

18 MR. ERCOLE: Objection, form, lack of  
19 foundation, calls for speculation, mischaracterizes  
20 the document and the entities.

21 THE WITNESS: So I can't say if it's  
22 correct, but that's what's stated here on the  
23 spreadsheet.

24 BY MS. BALDWIN:

25 Q. I'm handing you what I marked as Exhibit

1 12.

2 (Exhibit 12 marked.)

3 BY MS. BALDWIN:

4 Q. Now, we discussed the 2012 U.S. Senate  
5 inquiry into the opioid manufacturers' potential  
6 financial relationships with third-party  
7 organizations; correct?

8 MR. ERCOLE: Objection to form.

9 THE WITNESS: Yes.

10 BY MS. BALDWIN:

11 Q. I represent to you that this document is  
12 Johnson & Johnson's response to that Senate letter  
13 that it received in 2012.

14 MR. EHSAN: Object to form, lacks  
15 foundation.

16 BY MS. BALDWIN:

17 Q. Do you see on the top left corner, where  
18 it says, "Summary of Payments Made 1997 to 2012"?

19 A. I do.

20 Q. And do you see below that, it states, "In  
21 Response to Senate Finance Committee Request dated  
22 5/8/12"?

23 A. I do.

24 Q. Is it true that between 2004 and 2012,  
25 Johnson & Johnson gave \$633,300 to the American

1 Pain Foundation?

2 MR. EHSAN: Object to form, lacks  
3 foundation. The document speaks for itself.

4 THE WITNESS: Again, that's what's on this  
5 document.

6 BY MS. BALDWIN:

7 Q. And as the chair of the American Pain  
8 Foundation for part of this time, does that -- does  
9 that seem right to you?

10 MR. ROBINSON: Objection, form,  
11 foundation.

12 MR. EHSAN: Same.

13 THE WITNESS: I don't know, other than I  
14 would say, roughly, yes.

15 BY MS. BALDWIN:

16 Q. And is it correct that between 1997 and  
17 2012, Johnson & Johnson provided \$562,674 to the  
18 American Academy of Pain Medicine?

19 MR. ROBINSON: Objection, form,  
20 foundation.

21 MR. EHSAN: Lacks foundation. Document  
22 speaks for itself.

23 THE WITNESS: Again, that's what it says  
24 on this paper.

25

1 BY MS. BALDWIN:

2 Q. And is it true that between 1997 and 2012,  
3 Johnson & Johnson gave 1.7 million to the American  
4 Pain Society?

5 MR. ROBINSON: Same objection.

6 MR. EHSAN: Same objections.

7 MR. ROBINSON: Form, foundation.

8 THE WITNESS: That's what it says.

9 BY MS. BALDWIN:

10 Q. And do you see that in 2008, Johnson &  
11 Johnson gave \$2,000 to you?

12 MR. EHSAN: Same objections.

13 THE WITNESS: I see that's what it says.

14 BY MS. BALDWIN:

15 Q. And in 2009, Johnson & Johnson gave \$2,000  
16 to you; correct?

17 MR. EHSAN: Same objection.

18 THE WITNESS: That's what it says, yes.

19 I'm not sure if they did or not, if that came to me  
20 or not, but I don't recall why.

21 BY MS. BALDWIN:

22 Q. Turn to page ending 0000008. Do you see  
23 where it lists your name?

24 A. I do.

25 Q. Do you see where it says Johnson & Johnson

1 paid \$2,898 to you for an advisory board?

2 A. I do.

3 MR. EHSAN: Object to form, lacks  
4 foundation.

5 BY MS. BALDWIN:

6 Q. And do you see where it says Johnson &  
7 Johnson gave \$2,000 to you for fee-for-services in  
8 2009?

9 MR. EHSAN: Object to form, lacks  
10 foundation.

11 THE WITNESS: I do.

12 BY MS. BALDWIN:

13 Q. And the total that Johnson & Johnson,  
14 according to this Senate Finance Committee response  
15 to the U.S. Senate, paid to you in 2008 and 2009  
16 was \$4,898; is that correct?

17 MR. EHSAN: Same objections.

18 MR. ROBINSON: Objection.

19 THE WITNESS: That's what it says. I must  
20 say, I don't know what "fee-for-service" means and  
21 what services I would have provided them.

22 BY MS. BALDWIN:

23 Q. I'm handing you what I marked as Exhibit  
24 13.

25 (Exhibit 13 marked.)

1 BY MS. BALDWIN:

2 Q. Are you aware that the U.S. Senate  
3 Homeland Security and Governmental Affairs  
4 Committee issued a similar inquiry to opioid  
5 manufacturers and third-party organizations in --  
6 around 2017 regarding the relationship between  
7 manufacturers and these third-party organizations?

8 A. I am.

9 Q. You are. Have you ever seen this report  
10 before?

11 A. I have.

12 Q. You have. Can you turn to Page 4?  
13 According to the information provided to the U.S.  
14 Senate Committee and collected in this report, is  
15 it correct that between 2012 and 2017, Purdue gave  
16 \$725,000 -- \$725,584.95 to the American Academy of  
17 Pain Medicine?

18 MR. OXLEY: Objection, foundation.

19 MR. ROBINSON: Objection, form,  
20 foundation.

21 THE WITNESS: Again, that's what it says  
22 here.

23 BY MS. BALDWIN:

24 Q. And during that same time period, Janssen  
25 gave \$83,975 to the AAPM; is that correct?

1 MR. EHSAN: Object to form, foundation.

2 MR. ROBINSON: Objection.

3 THE WITNESS: That's what it says.

4 BY MS. BALDWIN:

5 Q. And in total from all manufacturers that  
6 include Mylan, Insys, Depomed, Janssen, and Purdue,  
7 the AAPM received \$1,199,409.95 between 2012 and  
8 2017?

9 MR. EHSAN: Object to form, lacks  
10 foundation.

11 MR. ROBINSON: Objection, form,  
12 foundation.

13 THE WITNESS: Again, that's what it says.

14 BY MS. BALDWIN:

15 Q. Do you know what the AAPM foundation is?

16 A. I do.

17 Q. Can you explain what that is?

18 A. Well, it's a foundation that was started  
19 by the academy -- the American Academy of Pain  
20 Medicine, I believe, as a charitable foundation  
21 that could accept donations and do charitable work.  
22 That's really all I know of it. I donated to it.

23 Q. Do you know when it started?

24 A. I don't.

25 Q. Did it exist when you were a member of the

1 board?

2 A. I don't believe it did, and it certainly  
3 didn't exist when I was president.

4 Q. Is it correct that between 2012 and 2017,  
5 Purdue gave -- I'm sorry -- Purdue gave 25 --  
6 strike that.

7 Is it true that in 2012, Purdue gave  
8 \$25,000 to the American Pain Foundation?

9 MR. OXLEY: Objection, foundation.

10 MR. ROBINSON: Objection.

11 THE WITNESS: Well, this, I think, states  
12 that between 2012 and 2017, they gave \$25,000 to  
13 the American Pain Foundation, I think.

14 BY MS. BALDWIN:

15 Q. Right, but I believe --

16 A. I don't know in 2012 if they -- what they  
17 did. I don't know -- it's just what this says.

18 Q. Right, but I believe you testified that  
19 the APF dissolved around the time of the U.S.  
20 Senate inquiry in 2012?

21 A. Correct.

22 Q. So they didn't exist after 2012; correct?

23 MR. ERCOLE: Objection to form.

24 THE WITNESS: That is correct.

25

1 BY MS. BALDWIN:

2 Q. And is it true that Purdue -- between 2012  
3 and 2017, Purdue gave \$542,259.52 to the American  
4 Pain Society?

5 MR. ROBINSON: Objection, form,  
6 foundation.

7 MR. OXLEY: Objection, form.

8 THE WITNESS: That's what it says.

9 BY MS. BALDWIN:

10 Q. And Janssen gave 88,500 to the American  
11 Pain Society during that same time period?

12 MR. EHSAN: Objection to form, foundation.

13 MR. ROBINSON: Objection to form,  
14 foundation.

15 THE WITNESS: Again, that's what it says.

16 MS. BALDWIN: Did you want to break for  
17 lunch?

18 MR. ROBINSON: Yeah. Good time.

19 THE WITNESS: Up to you guys.

20 THE VIDEOGRAPHER: Off the record at 1:09.

21 (Lunch recess taken.)

22 THE VIDEOGRAPHER: Back on the record.

23 The time is 1:57.

24 BY MS. BALDWIN:

25 Q. Dr. Fishman, do you recall earlier

1 discussing the American Pain Foundation had some  
2 financial problems in 2011?

3 A. I do.

4 Q. When the company was having financial  
5 problems, it sought emergency funding; correct?

6 MR. ROBINSON: Objection, form.

7 MR. EHSAN: Objection, form.

8 THE WITNESS: Yes.

9 BY MS. BALDWIN:

10 Q. And the emergency funding it sought was  
11 largely from opioid manufacturers; is that correct?

12 MR. ROBINSON: Objection, foundation,  
13 form.

14 THE WITNESS: No.

15 MR. EHSAN: Same.

16 THE WITNESS: It was from anyone that  
17 would give funding. So there was a major campaign  
18 to reach out to consumers, and then we reached out  
19 to, you know, all industry and any that might be  
20 interested in donating, including drug companies  
21 that don't make opioids, and manufacturers of other  
22 medical products.

23 BY MS. BALDWIN:

24 Q. I'm showing you what I marked as Exhibit  
25 14.

1 (Exhibit 14 marked.)

2 BY MS. BALDWIN:

3 Q. Exhibit 14 is Bates Number FISH 006241  
4 through 6244; correct?

5 MR. ROBINSON: 6245.

6 MS. BALDWIN: I stand corrected.

7 THE WITNESS: Yes.

8 BY MS. BALDWIN:

9 Q. Are you familiar with this e-mail chain?

10 A. It's --

11 MR. ROBINSON: Take your time and read it.

12 THE WITNESS: It's from six years ago, but  
13 it looks familiar.

14 BY MS. BALDWIN:

15 Q. Okay. And the first e-mail on the last  
16 page was sent from you, I believe; is that correct?

17 A. Yes.

18 Q. And are those to other members of the  
19 American Pain Foundation board?

20 A. Correct.

21 Q. And that e-mail is dated November 29,  
22 2011; correct?

23 A. Correct.

24 Q. And under Number 3 there is an update on  
25 budget status since the board meeting; correct?

1 A. Yes.

2 MR. EHSAN: Object to form.

3 MR. ROBINSON: Object to form.

4 BY MS. BALDWIN:

5 Q. The first bullet point talks about  
6 reviewing the current 2011 budget shortfall and  
7 emergency fundraising efforts; correct?

8 A. Yes.

9 Q. And if you look at the last e-mail, if you  
10 look at the next -- the e-mail on the previous  
11 page, it actually starts on the page before that  
12 from Will Rowe to -- it looks like the members of  
13 the American Pain Foundation board; do you see  
14 that?

15 A. Yes.

16 MR. ERCOLE: Do you mind just giving the  
17 Bates Number so I can follow along?

18 MS. BALDWIN: 6243 through 6244.

19 MR. ERCOLE: Thanks.

20 BY MS. BALDWIN:

21 Q. Do you see there is an update on emergency  
22 funding status; correct?

23 A. Uh-huh, yes.

24 Q. And Number 1 is \$150,000 from Purdue,  
25 \$60,000 from Janssen, totaling 210,000; correct?

1 A. Correct.

2 Q. Then it talks about the committed funds,  
3 50,000 from Purdue; 75,000 plus 75,000 from Endo;  
4 10,000 from DJO; 25,000 dues Endo, and 15,000 DJO  
5 in January for a total of 250,000; correct?

6 A. That's what it says.

7 Q. And it goes on to list the July date on  
8 the funding status; correct?

9 A. Yes.

10 Q. And then there is an e-mail the following  
11 day on Page ending 6243 from Will Rowe to the board  
12 of the American Pain Foundation providing  
13 additional update on emergency funding; correct?

14 A. Yes.

15 Q. And that looks like there's money  
16 confirmed from Ortho-McNeil; correct?

17 MR. EHSAN: Object to the form.

18 THE WITNESS: Yes.

19 BY MS. BALDWIN:

20 Q. And Teva and Cephalon?

21 MR. ERCOLE: Objection to form.

22 THE WITNESS: That's what it says, yes.

23 BY MS. BALDWIN:

24 Q. Then several days later there is another  
25 funding update from Will Rowe to the board;

1 correct?

2 A. Yes.

3 Q. And it's talking about payment from Endo;  
4 correct?

5 A. Assigned a payment from Endo, from other  
6 companies, including Boston Scientific, opioid and  
7 nonopioid companies.

8 Q. And then on the e-mail dated on the first  
9 page dated December 6, 2011 from Will Rowe to the  
10 board, there is a further update on funding  
11 received; correct?

12 A. Correct.

13 Q. So the American Pain Foundation board was  
14 actively seeking and receiving emergency funding  
15 from Purdue, Janssen, Ortho-McNeil, Teva and  
16 Cephalon; correct?

17 MR. ERCOLE: Objection to form.

18 THE WITNESS: They were, and other  
19 entities.

20 BY MS. BALDWIN:

21 Q. And the American Pain Foundation, is it  
22 true to say that it wouldn't have lasted had it not  
23 received this emergency funding?

24 MR. ROBINSON: Objection to form.

25 MR. ERCOLE: Objection, form.

1 THE WITNESS: I honestly can't say whether  
2 they would have lasted or not. They would have had  
3 to contract. I don't know that they would have  
4 closed without this. A lot of this funding was  
5 funding that was already coming, it's confirming  
6 funding, it's not new fundings, so just confirming  
7 what was coming in. Some of it is new. So I don't  
8 know. I don't think I could answer that question  
9 accurately.

10 BY MS. BALDWIN:

11 Q. And on this e-mail dated December 6, 2011,  
12 there is 50,000 from Washington State. It says,  
13 "Endo, 50,000 Washington state EOY"; correct?

14 A. That's what it says.

15 Q. Do you know what that funding was for in  
16 Washington state?

17 A. I suspect it was -- again, I don't know.  
18 I don't know that I could tell you with complete  
19 accuracy. There were projects that were regional  
20 and there was a regional effort in Washington state  
21 to train consumers to be advocates and work with  
22 what was a very active state legislator --  
23 legislature at that time and a lot of active bills.  
24 So there was a group that was working in Washington  
25 state on those issues. So it may have been to fund

1 that project.

2 The APF worked by having projects that  
3 then we could put out for others to fund. So that  
4 would be the project I believe that Endo may have  
5 committed to and that was the end-of-year payment  
6 that they were due.

7 Q. And were one of those issues in Washington  
8 related to opioid guidelines?

9 A. Yes.

10 Q. And there was I believe a Gary Franklin  
11 who was supporting opioid guidelines that had some  
12 ceilings on dosage and --

13 A. Yes.

14 Q. -- things of that nature?

15 A. Correct.

16 MR. ERCOLE: Objection, to form.

17 BY MS. BALDWIN:

18 Q. And this money was in part efforts to  
19 lobby against the state adopting those guidelines  
20 or the state medical board adopting those  
21 guidelines?

22 MR. ERCOLE: Objection form.

23 MR. ROBINSON: Objection, form.

24 THE WITNESS: I think the funding was to  
25 have groups work on those guidelines and improve

1       them. So there was opposition to the guidelines  
2       the way that they were formed, not opposition to  
3       guidelines, but the opposition to the form of those  
4       guidelines which actually have now gone through  
5       many, many iterations.

6           Q.     And the American Pain Foundation opposed  
7       those guidelines as they were?

8           A.     As they were.

9           Q.     And Endo opposed them as well?

10          A.     I have no idea if Endo did or not.

11          Q.     Well, Endo gave APF \$50,000 related to the  
12       Washington state initiative in support of APF's  
13       efforts; correct?

14               MR. ROBINSON: Objection, asked and  
15       answered.

16               THE WITNESS: I don't know if the two are  
17       related.

18       BY MS. BALDWIN:

19          Q.     So you don't know whether Endo or Purdue  
20       or Janssen opposed those guidelines that APF was  
21       lobbying against?

22          A.     I don't know.

23          Q.     I'm showing you what I marked as Exhibit  
24       15.

25               (Exhibit 15 marked.)

1 BY MS. BALDWIN:

2 Q. Do you recognize this e-mail chain?

3 A. Not specifically, but, you know, it's  
4 familiar, it was in that time that things were kind  
5 of urgent financially with the APF.

6 Q. And this e-mail relates to the emergency  
7 funding that APF was trying to get in November of  
8 2011 and December of 2011; correct?

9 A. Yes.

10 Q. And do you see the middle e-mail from Mary  
11 Vargas dated November 22, 2011?

12 A. Uh-huh.

13 Q. And Mary Vargas was on the board of APF?

14 A. That's correct.

15 Q. You understand when I say APF, you know I  
16 mean the American Pain Foundation?

17 A. Yes.

18 Q. And Mary was asking with respect to the  
19 emergency funds that APF was receiving from Purdue  
20 and Endo and Teva and Ortho-McNeil and Cephalon, if  
21 there were any strings attached; do you see that?

22 A. I do.

23 MR. ERCOLE: Objection to form.

24 BY MS. BALDWIN:

25 Q. And Will Rowe responds that Purdue --

1 "Both Purdue and Endo specified their grants cannot  
2 be for general purpose and will design a grant for  
3 the work being conducted by APF in 2011"; do you  
4 see that?

5 A. Yeah.

6 Q. So that money did have strings attached;  
7 correct?

8 MR. OXLEY: Objection, form.

9 MR. ROBINSON: Objection, form.

10 THE WITNESS: No, I would not agree that  
11 that implies that there's strings attached. I  
12 think what they're saying is they were going to  
13 attach the funding that they give us to projects  
14 that we were already doing and that would have been  
15 the Washington state project. I don't remember  
16 exactly the details there, but there was a lot of  
17 focus there on trying to help make a rational  
18 legislative intervention, and again, it didn't mean  
19 we imposed it, guidelines or intervention, we just  
20 wanted them to be smart and effective.

21 BY MS. BALDWIN:

22 Q. You said you can't recall whether or not  
23 Endo or Purdue or Teva or Cephalon or Ortho-McNeil  
24 shared your position with respect to those  
25 guidelines?

1 A. I don't.

2 MR. ROBINSON: Objection, form, asked and  
3 answered.

4 THE WITNESS: I would say no -- I don't  
5 know where I would find out what their position was  
6 on that, you know.

7 BY MS. BALDWIN:

8 Q. So this e-mail says, "Both Purdue and Endo  
9 specified their grants cannot be for general  
10 purpose and will design a grant for the work being  
11 conducted by APF in 2011." Is that not saying that  
12 Purdue's involved in designing the grant for that  
13 work?

14 A. I don't believe it is.

15 MR. ROBINSON: Objection.

16 THE WITNESS: I believe they're saying  
17 that they will design a grant that would be  
18 designed so that it could be attached to the work  
19 that APF was already doing.

20 BY MS. BALDWIN:

21 Q. Like coordinating efforts to implement the  
22 IOM recommendations?

23 A. Correct, correct. That was a priority of  
24 the American Pain Foundation.

25 Q. Like coordinating efforts to promote

1 implementation of the IOM?

2 A. Correct. Do you know what that is?

3 Q. Yes.

4 A. Okay.

5 Q. That's something the APF lobbied in favor  
6 of for many years --

7 MR. ROBINSON: Object to form.

8 MR. OXLEY: Objection.

9 BY MS. BALDWIN:

10 Q. Well, the National Pain Care Act that  
11 created the statute for creating the IOM committee  
12 that would make the report?

13 MR. EHSAN: Objection to form.

14 MR. ROBINSON: Objection.

15 THE WITNESS: That is correct, they  
16 supported the bill that never passed. The bill  
17 never actually passed, but part of it got put in  
18 the Accountable Care Act and that is what  
19 congressionally mandated the IOM, but they didn't  
20 lobby for the IOM report.

21 BY MS. BALDWIN:

22 Q. The legislation that --

23 A. With the recommendations, because they had  
24 nothing to do with the recommendations to the IOM  
25 report.

1 Q. They lobbied for the legislation that  
2 would create the committee to create the report;  
3 correct?

4 MR. ERCOLE: Objection to form.

5 THE WITNESS: That's true.

6 BY MS. BALDWIN:

7 Q. I'm showing you what I'm marking as  
8 Exhibit 16.

9 (Exhibit 16 marked.)

10 BY MS. BALDWIN:

11 Q. Do you recognize this e-mail chain?

12 A. It's somewhat vaguely familiar.

13 Q. So you wrote on January 13, 2012 to Mary  
14 Vargas; correct?

15 A. Yes.

16 Q. And this e-mail is Bates Number FISH  
17 006877; correct?

18 A. Yes.

19 Q. And you wrote, "Mary, I spoke with Marlene  
20 today. I was very concerned to hear about the  
21 situation with the funds that were discussed at the  
22 Seattle board meeting related to Aaron Gilson. I  
23 recall our strong concern about how these funds  
24 have been handled. In fact, it was in this  
25 discussion that we agreed to form the COI/Ethics

1 Committee.

2 "We explicitly directed Will to give the  
3 money back. Will reported to us that Purdue did  
4 not want the funds band and agreed to allow us to  
5 keep the funds for other projects. I understand  
6 not that Purdue may have had a different idea which  
7 is very disturbing. I am around this weekend if  
8 you'd like to speak by phone." Did I read that  
9 correctly?

10 MR. ROBINSON: Object to form.

11 THE WITNESS: You read it correctly.

12 BY MS. BALDWIN:

13 Q. What did Purdue want you to do with the  
14 funds that you found very disturbing?

15 A. So I'll tell you what I can remember of  
16 all of this. We had a board meeting -- so again,  
17 the foundation of this is in my efforts and the  
18 efforts of many on the board of directors of the  
19 American Pain Foundation to make sure that we had  
20 firewalls with industry money. And that one of the  
21 things that we wanted to make sure of is that we  
22 weren't doing work for pharmaceutical companies.  
23 They were supporting the work that we would do, and  
24 it would work in that order, not the other way  
25 around.

1           We set up a -- we set up a conflict of  
2     interest program where we were trying to build a  
3     different way of doing business. At one of our  
4     board meetings -- this one happened to be in  
5     Seattle -- the board meetings would happen around  
6     the country annually. It became clear as we were  
7     reviewing the grants -- and I was the chair at the  
8     time -- that a grant came through the American Pain  
9     Foundation to Dr. Aaron Gilson, who is a researcher  
10    at the University of Wisconsin and also on the  
11    board of directors.

12           I think at the time I recognized that they  
13    weren't able to put a project with the grant, so we  
14    started to ask questions about it. What we found  
15    is that for reasons I don't exactly remember, the  
16    grant wasn't obtained appropriately, and we  
17    shouldn't have had that grant.

18           So as a board, we decided that that grant  
19    should be given back because it wasn't appropriate  
20    in terms of the process that we had agreed on, that  
21    the staff hadn't followed the process that we  
22    agreed on for accepting industry money.

23           Again, this is actually happening after I  
24    left the board. I don't really know how I found  
25    this out or why this came to my attention, but

1     apparently Purdue didn't want the funds back, and  
2     the APF kept the funds for other projects.

3             The statement, "I understand now that  
4     Purdue may have had a different idea which is very  
5     disturbing," I can't tell you what I was referring  
6     to there. I don't know what was "very disturbing,"  
7     other than I think it was very disturbing to me  
8     that we had instructed the staff to give this grant  
9     back and that grant didn't go back and didn't leave  
10    the APF funds.

11            So beyond that, I really don't know what  
12    happened.

13            Q.     What was Aaron Gilson going to do with the  
14    money?

15            MR. ROBINSON: We need to take a quick  
16    break. I got to ask my client a question about  
17    this document.

18            MS. BALDWIN: And I have a pending  
19    question. Could he answer the question?

20            MR. ROBINSON: It doesn't answer. If I  
21    think there's -- let me -- I'm going to ask my  
22    client the question, I'm going to tell you why: If  
23    I think there's a potential for an attorney-client  
24    communication that has been inadvertently disclosed  
25    and that there might be a legitimate clawback

1 reason, I will have the opportunity to consult my  
2 client. I may be wrong about that, but I need the  
3 opportunity to consult my client.

4 MS. BALDWIN: Is there an attorney on this  
5 e-mail?

6 MR. ROBINSON: I don't know, that's why I  
7 need to consult my client. Hang on a second.

8 THE VIDEOGRAPHER: This is the end of Disc  
9 2. Off the record at 2:18.

10 (Recess taken.)

11 THE VIDEOGRAPHER: This is the start of  
12 Disc 3. Back on the record at 2:21.

13 MR. ROBINSON: You can continue.

14 BY MS. BALDWIN:

15 Q. Do you know what Aaron Gilson was going to  
16 be using this funding for?

17 A. I don't recall, for some research purpose?

18 Q. You don't know what purpose?

19 A. I don't recall.

20 Q. So it wasn't the -- your comment about it  
21 being "very disturbing" had nothing to do with the  
22 purpose of the funds, what the researcher, what  
23 Aaron Gilson was going to do with those funds?

24 MR. ROBINSON: Objection, form.

25 THE WITNESS: I don't believe so. I

1 believe what was disturbing to me is that we didn't  
2 give the money back. At the direction of the  
3 board, the staff didn't give that money back.

4 BY MS. BALDWIN:

5 Q. Are you testifying that you don't know for  
6 sure if that's the case?

7 MR. ROBINSON: Objection.

8 MR. ERCOLE: Objection.

9 BY MS. BALDWIN:

10 Q. You said, I'm not sure but, so I'm just  
11 clarifying. Are you saying you don't really  
12 remember?

13 A. I don't remember if there is anything  
14 else, but what I'm certain of is I was disturbed  
15 that the board of directors instructed the staff to  
16 give that grant back, and it didn't go back, and I  
17 don't really know what happened with their  
18 interplay with Purdue. I suspect that it was that  
19 they feel the like they, you know, Purdue said, You  
20 could keep the money and use it for other projects,  
21 and APF said, We could use it for other projects,  
22 we'll keep it. But that wasn't the direction they  
23 were given from the board, so that was disturbing  
24 to me.

25 Q. I'm going to show you what I am marking as

1 Exhibit 17.

2 (Exhibit 17 marked.)

3 BY MS. BALDWIN:

4 Q. This exhibit is an e-mail from Rebecca  
5 Novak-Tibbitt@rodacreative [sic], to -- I'm sorry,  
6 this is an e-mail from Rebecca Novak-Tibbitt to  
7 management@rodacreative.com. Do you know what that  
8 is?

9 A. I don't.

10 Q. And James Heins is cc'd on this e-mail.  
11 Do you know who James Heins is?

12 A. I vaguely recall James Heins as a Purdue  
13 person.

14 Q. He was employed at Purdue as you said?

15 A. I believe he is a Purdue person, worked at  
16 Purdue.

17 Q. And Rebecca writes, "Hi, Maria. As  
18 discussed, please see attached report from 2009-  
19 '10. APF total unique placement number was 485";  
20 do you see that?

21 A. I see it.

22 Q. And it's attaching a Local Media Outreach  
23 Media Report, 2009 Final; do you see that on the  
24 front page, the subject of the e-mail?

25 A. Yes.

1 Q. If you turn to the next page, this looks  
2 like a document from the American Pain Foundation;  
3 correct?

4 A. It does.

5 Q. It's entitled "2009 Local Market Media  
6 Outreach, Final Report"; correct?

7 A. Uh-huh.

8 Q. It was submitted to Purdue; correct?

9 A. That's what it says.

10 Q. So is this a project that Purdue funded  
11 APF for?

12 MR. ROBINSON: Objection, form.

13 THE WITNESS: I honestly don't know or  
14 remember.

15 BY MS. BALDWIN:

16 Q. But the APF was reporting to Purdue a  
17 Market Media Outreach Report; correct?

18 MR. OXLEY: Objection.

19 MR. ROBINSON: Objection.

20 THE WITNESS: I'm not sure what they were  
21 trying to do with this.

22 BY MS. BALDWIN:

23 Q. Well, the first sentence says, "More than  
24 38.9 million people have been reached with key  
25 messages about pain and overcoming barriers of

1 treatment through print, television, radio and  
2 online placements as a part of Purdue's Local  
3 Market Outreach Grant"; correct?

4 A. Uh-huh.

5 Q. Do you recall a Purdue local market media  
6 outreach grant?

7 A. I don't.

8 Q. Then it goes on to list, "Total markets  
9 reached to date, 18, 19 percent of goal"; do you  
10 see that under Media Coverage Highlights on the  
11 first page.

12 A. Yup, I do see that.

13 Q. "Total impressions to date, local media  
14 3,538,100"; do you see that?

15 A. Uh-huh.

16 Q. "Total impressions to date, national and  
17 online media, 35.4 million"; correct?

18 A. I do.

19 Q. And under Coverage Highlights, about the  
20 third sentence down, it says, "New markets reached  
21 include Eugene, Oregon; Lincoln, Nebraska; Tulsa,  
22 Oklahoma and Santa Barbara/Los Angeles,  
23 California"; do you see that?

24 A. I do.

25 Q. So Tulsa, Oklahoma was one of the new

1 markets reached in this media outreach report?

2 MR. OXLEY: Objection, foundation.

3 MR. ROBINSON: Objection.

4 THE WITNESS: It's listed here.

5 BY MS. BALDWIN:

6 Q. There's also a legislative target update;  
7 do you see that?

8 A. Uh-huh.

9 Q. It says, "10 of the 20 markets in this  
10 outreach include target senators. Currently, we  
11 have secured 22 placements in nine of the 10 target  
12 legislative priority markets"; correct?

13 A. Yes, that's what it says.

14 Q. So under this project, media was targeting  
15 certain markets, including Tulsa, Oklahoma, as well  
16 as legislative -- as well as senators; correct?

17 MR. ROBINSON: Objection, form.

18 MR. OXLEY: Objection, foundation.

19 THE WITNESS: It appears that they were  
20 targeting -- they were seeking to target  
21 legislators, including senators.

22 BY MS. BALDWIN:

23 Q. If you could turn to Page 4, there is a  
24 summary, "Influential Members of Senate Health  
25 Subcommittee By Priority Market"; correct?

1 A. Yes.

2 Q. And in the second column you see Tulsa,  
3 Oklahoma, Tom Coburn?

4 A. Yes.

5 Q. And do you see an asterisk next to Tulsa,  
6 Oklahoma?

7 A. I do.

8 Q. And if you look below that chart, it says  
9 asterisk, "Target legislative market where APF has  
10 secured coverage"; correct?

11 A. That's what it says.

12 Q. And if you turn to Page 6, at top it says,  
13 "Key messages: Scope of pain problem, unmanaged  
14 and managed symptoms, barriers to care and right to  
15 pain management"; correct?

16 A. Yes.

17 Q. And if you look at the second row on this  
18 chart under, "Outlets/Market," you see, "Good  
19 Morning, Tulsa, Tulsa, Oklahoma"; correct?

20 A. Tell me again where that is?

21 Q. Under the first column of the chart,  
22 "Outlet/Market," two rows down.

23 A. I do, I see it, yeah.

24 Q. It says, "Good Morning, Tulsa, Tulsa,  
25 Oklahoma"; correct?

1 A. Yes.

2 Q. The headline is, "Pain Advocate Raises  
3 Awareness"; correct?

4 A. Uh-huh.

5 Q. There is an advocate listed there, "Lisa  
6 Rushing, Action Network Leader"; correct?

7 A. Uh-huh, yes.

8 Q. Do you know Lisa Rushing?

9 A. I don't.

10 Q. So one of the things that American Pain  
11 Foundation did for industry sponsors like Purdue  
12 was local media campaigns in which it updated  
13 the -- in which it targeted certain markets and  
14 legislators and updated Purdue on the success of  
15 those campaigns?

16 MR. ROBINSON: Objection to form.

17 MR. ERCOLE: Objection to form,  
18 foundation.

19 THE WITNESS: So I want to say I'm not  
20 sure that this is for Purdue. It's maybe a report  
21 back to Purdue, but I don't know that they did any  
22 of this work for Purdue. This is work I would  
23 argue they would -- again, it's hard for me, I  
24 wasn't -- I was the chair of the board, and we were  
25 at a distance, but that this is work that would be

1 done and that it would be available to be  
2 supported, but this is work that was being done.

3 In fact, I'm not sure which of these even  
4 discussed opioids or nonopioids or spinal cord  
5 simulators or neuropathic analgesics, et cetera.  
6 So it sounds like you are tying this to work that  
7 the APF did for Purdue, but I'm not convinced  
8 that's the case from what I've seen.

9 BY MS. BALDWIN:

10 Q. Well, what I'm asking is APF did this work  
11 pursuant to a grant that Purdue provided; correct?

12 MR. ROBINSON: Objection, form,  
13 foundation.

14 THE WITNESS: I think it was the other way  
15 around. That the American Pain Foundation proposed  
16 that they had work to do and then Purdue gave them  
17 a grant for that work.

18 BY MS. BALDWIN:

19 Q. That's what I was asking, Purdue gave them  
20 a grant for this work?

21 MR. ROBINSON: Objection, argumentative,  
22 asked and answered, form, foundation.

23 MR. ERCOLE: Same objection.

24 BY MS. BALDWIN:

25 Q. The executive summary states Purdue's

1 local market media outreach grant; correct?

2 MR. ROBINSON: Objection.

3 THE WITNESS: I'm suspecting that they  
4 gave a grant, like many companies gave grants to  
5 the American Pain Foundation to support the work  
6 the American Pain Foundation was doing.

7 BY MS. BALDWIN:

8 Q. And that --

9 A. Looks that way.

10 Q. In the executive summary, Purdue's Local  
11 Market Outreach Grant; correct?

12 MR. ROBINSON: Objection, asked and  
13 answered.

14 BY MS. BALDWIN:

15 Q. And it says, "Submitted to Purdue Pharma"?

16 MR. ROBINSON: Objection, asked and  
17 answered, compound, form, foundation.

18 THE WITNESS: Again, it's hard for me to  
19 tell exactly how this rolled out in its full  
20 context. It would surprise me if the American Pain  
21 Foundation was doing work for Purdue, and I think  
22 it may sound like that, but I'm not sure that's  
23 what was happening here, that they were giving a  
24 report back to Purdue for work that they were going  
25 to do that Purdue gave them -- for which Purdue

1 gave them a grant.

2 BY MS. BALDWIN:

3 Q. My question was simply the 2009 Local  
4 Market Outreach Final Report was submitted to  
5 Purdue Pharma; correct?

6 A. It appears that way.

7 Q. And in the e-mail we see that it, in fact,  
8 reads "Purdue Pharma"; correct?

9 MR. OXLEY: Objection, foundation.

10 THE WITNESS: Correct.

11 BY MS. BALDWIN:

12 Q. Let me hand you what I marked as Exhibit  
13 17?

14 MR. EHSAN: 18.

15 MS. BALDWIN: Oh, is it 18? Sorry, I  
16 wrote "17" on it.

17 (Exhibit 18 marked.)

18 BY MS. BALDWIN:

19 Q. Exhibit 18 is Bates stamped SFC 00009587  
20 through 89, and, Dr. Fishman, this is an e-mail  
21 chain from Pamela Bennett to several Purdue  
22 employees; correct?

23 A. The top --

24 Q. The top of the last page, it starts the  
25 first e-mail in the chain?

1           A.    The last page appears to be from Kimberley  
2    Tiller.  So which page do you want me to be on?

3           Q.    Okay, you are correct.  The first e-mail  
4    from Kimberley Tiller to several Purdue employees,  
5    correct, dated July 4, 2008?

6           MR. OXLEY:  Objection, foundation, form.

7           MR. ROBINSON:  Objection, form,  
8    foundation.

9    BY MS. BALDWIN:

10          Q.    Do you recognize, are you familiar with  
11    any of these Purdue employees, for example, Pamela  
12    Bennett?

13          A.    Yes.

14          Q.    Burt Rosen?

15          A.    Yes.

16          Q.    Alan Must?

17          A.    I don't know that I -- I know who Alan  
18    Must is in Purdue.

19          Q.    So you recognize he's a --

20          A.    The name.

21          Q.    -- Purdue employees?

22          A.    Yes, I do.  I know that I've never met  
23    Alan Must, but I've met Pam Bennett and Burt Rosen.

24          Q.    When did you meet Burt Rosen?

25          A.    You know, I have known Burt Rosen for

1 many, many years. He's involved in a lot of the  
2 legislative work that we've all done in the field.  
3 I met him in passing in those ways.

4 Q. When you said "we've all done," who are  
5 you referring to?

6 A. Well, the work that I should say that I've  
7 done through the American Academy of Pain Medicine,  
8 through the American Pain Foundation, et cetera.

9 Q. You've worked through those organizations  
10 with Burt Rosen?

11 MR. ROBINSON: Objection.

12 THE WITNESS: Not in those organizations,  
13 but I've come to talk with him, and I've never  
14 worked directly with Burt Rosen on any projects,  
15 but I've met him in those settings.

16 BY MS. BALDWIN:

17 Q. Kim Tiller writes, "Dear All. Pam and I  
18 have reviewed the attached document and recommend  
19 partial support for the following items: A, 1, 2,  
20 5, 6, 7, 8, B, 1, 2, 3, 6," and I'll represent to  
21 you that it looks like someone in Purdue just  
22 copied those items above.

23 MR. OXLEY: Foundation, objection.

24 BY MS. BALDWIN:

25 Q. Exactly. And if you look at the prior

1 e-mail or the following e-mail from Pamela Bennett  
2 on July 14, 2008 to Purdue employees, it states,  
3 "Similar to last year, we would provide funding  
4 that would be distributed over these activities.  
5 Currently we have budgeted for \$125,000 for APF, of  
6 that we have currently spent 10,000 on their gala  
7 event for October." Did I read that correctly?

8 A. Yes.

9 Q. And if you look at the subsequent e-mail  
10 on Page 1, Kimberley Tiller has copied and pasted,  
11 "The APF projects we would like to provide partial  
12 support. Most of the projects require multiple  
13 funders, so if we spread our \$115,000 over several  
14 projects, we will increase our visibility"; did I  
15 read that correctly?

16 A. Yes.

17 Q. So the projects that they're going spread  
18 their \$115,000 over, include Speaking of Pain"; do  
19 you see that under 1(c)?

20 A. Uh-huh.

21 Q. And this is a book that was written by  
22 you?

23 A. Yes.

24 Q. It was called Listening to Pain?

25 A. Correct.

1 Q. So Purdue partially funded that book?

2 A. No.

3 Q. Or sponsored?

4 A. I believe this relates to Purdue, and I  
5 don't know that this ever happened, but this would  
6 have been Purdue -- well, it says "production and  
7 distribution." I don't believe Purdue sponsored  
8 that book.

9 Q. So the \$115,000 that they're discussing  
10 here to be distributed over these activities,  
11 didn't actually include this book?

12 A. Well, this says 160, and I don't recall  
13 that in terms of producing that book. Again, it  
14 was a long time ago.

15 Q. So you just don't recall?

16 A. It was at least 11, 12 years ago and that  
17 book is about talking to people, and pain has  
18 nothing to do with opioids or any drugs, and it  
19 was -- you know, I don't recall. I just have to go  
20 back and look at kind of the foundation of how that  
21 book came to be.

22 Q. So you just don't recall one way or the  
23 other?

24 A. I didn't get paid to write the back, so  
25 let me put it that way.

1 Q. But I don't recall if there was any money  
2 from Purdue or another pharmaceutical company --

3 A. I don't.

4 Q. -- that in any way helped produce or  
5 distribute the book?

6 A. You know, what I remember is actually that  
7 that book might have had a connection with a  
8 company Pfizer at its early stages, that they  
9 wanted something that they could give to doctors  
10 and it was something that had no connection to any  
11 of their products, any of their drugs, didn't  
12 mention drugs. So I think in the early days we  
13 might have partnered with them to buy the book, but  
14 this was through the publisher and not through me.

15 Q. Who was the publisher?

16 A. Waterford Life Sciences.

17 Q. Did you cowrite that book with someone, or  
18 was there like a medical writer that helped you  
19 write that book?

20 A. There was a writer that worked with me on  
21 that book.

22 Q. What was his name, if you recall?

23 A. Stephen Braun.

24 Q. And you worked with Stephen Braun on other  
25 book projects as well?

1 A. Many projects.

2 Q. And what projects would those be?

3 A. Well, he worked with me on "Responsible  
4 Opioid Prescribing." He worked with me on a  
5 project most recently looking at interprofessional  
6 education and pain core competencies in a summit,  
7 writing up a summit that we held at an  
8 international conference. I think those are the  
9 big ones, there might have been some smaller ones  
10 that we worked on together.

11 Q. "Exit Wounds"?

12 A. That was not my project.

13 Q. And the American Pain Foundation?

14 A. Yes, he worked with the American Pain  
15 Foundation on that book.

16 Q. Okay.

17 A. With -- I think with Rollin Gallagher.

18 Q. That's one of the initiatives -- if you  
19 look under the Education Support, this is one of  
20 the initiatives that Purdue is stating they're  
21 going to spread their grant dollars over and  
22 military veterans initiatives; correct?

23 MR. OXLEY: Objection, foundation.

24 THE WITNESS: That is what is suggested  
25 here in print.

1 BY MS. BALDWIN:

2 Q. Okay. And under "Two, Military/Veterans  
3 Initiative," Exit Wounds is included under that;  
4 correct?

5 A. Yes.

6 Q. And that was a book that the American Pain  
7 Foundation put out?

8 A. Yes.

9 MR. ROBINSON: Object to form.

10 BY MS. BALDWIN:

11 Q. And Stephen Braun you said was also  
12 involved in writing that book?

13 A. Yes.

14 Q. And Purdue did sponsor that book; correct?

15 A. I don't know.

16 Q. I'm going to offer this as Exhibit 19. If  
17 you look on the --

18 (Exhibit 19 marked.)

19 BY MS. BALDWIN:

20 Q. So Exhibit 19 is a excerpt of Exit Wounds,  
21 the book, this was the first page, is the cover  
22 page.

23 A. Yes.

24 Q. And if you look at the second page, it  
25 says this book was -- it says, "American Pain

1 Foundation"; correct?

2 A. Correct.

3 Q. And the publisher is also Waterford Life  
4 Sciences; correct?

5 A. Correct.

6 Q. And you mentioned they were the publisher  
7 on --

8 A. Listening to Pain.

9 Q. Listening to Pain, and they were the  
10 publisher on Responsible Prescribing too; correct?

11 A. Yes.

12 Q. And if you turn to the third page, you  
13 will see a box in the middle, and it says, "The  
14 development of Exit Wounds and its companion  
15 website remain possible by the generous support of  
16 the following organizations and companies"; do you  
17 see that?

18 A. Yes.

19 Q. And who's listed there?

20 A. Disabled American Veterans Charitable  
21 Service Trust, Elan Pharmaceuticals, Purdue Pharma  
22 and Wyeth Pharmaceuticals.

23 Q. So does that refresh your memory that  
24 Purdue did, in fact, provide some grant funds or  
25 sponsorship for that book?

1 MR. ROBINSON: Objection, form,  
2 foundation.

3 MR. EHSAN: Same.

4 THE WITNESS: I assume they did fund this.

5 BY MS. BALDWIN:

6 Q. And another initiative they partially  
7 wanted to fund or provide a grant for on this,  
8 according to this e-mail is under, "Advocacy. The  
9 POP Action Network is a growing regional and state  
10 army of trained advocates and leaders."

11 MR. ROBINSON: Objection, foundation.

12 MR. OXLEY: Foundation.

13 BY MS. BALDWIN:

14 Q. Is that correct?

15 MR. ROBINSON: Where are you referring  
16 him?

17 MS. BALDWIN: Page ending 9588.

18 MR. ROBINSON: Which section, are you  
19 talking under B, Advocacy, then where?

20 THE WITNESS: "Regional Power Over Pain."

21 BY MS. BALDWIN:

22 Q. "One, Enhancement and Expansion of Power  
23 Over Pain Action Network. The POP Action Network  
24 is a growing regional and state 'army' of trained  
25 advocates and leaders." Did I read that correctly?

1 A. Yes.

2 Q. Is this an initiative that Purdue provided  
3 some grant funding for?

4 A. You know, I don't know if they did or not.

5 Q. But it is --

6 A. It is a fundable project of the APF.

7 Q. It's represented in this e-mail, correct,  
8 that they intend --

9 A. It's represented.

10 Q. -- that they provided funding.

11 MR. OXLEY: Objection, foundation, move to  
12 strike.

13 THE WITNESS: It seems to be represented  
14 that it's a possible source based on what I'm  
15 seeing here. Not that they are funding it. It  
16 seemed like they were saying they had to go through  
17 further processes, you know. They couldn't fund  
18 everything.

19 BY MS. BALDWIN:

20 Q. And two, under Advocacy, "Two, Targeted  
21 Advocacy. There will be a significant effort to  
22 pass a newly introduced National Pain Care Policy  
23 Act of 2007"; correct?

24 A. That's what it says.

25 Q. And that is an initiative that Purdue

1 internally was in favor of supporting with its  
2 150 -- \$115,000 grant; correct?

3 MR. OXLEY: Objection, form.

4 MR. ROBINSON: Objection, form,  
5 foundation.

6 MR. OXLEY: He does not know what Purdue  
7 was doing internally.

8 MS. BALDWIN: You do not need to coach the  
9 witness.

10 MR. OXLEY: I'm not, and I'm going to make  
11 my objection, and I just did. So you let me make  
12 it, and then you could say whatever you are going  
13 to say.

14 MS. BALDWIN: That's an improper  
15 objection.

16 MR. OXLEY: There's been no foundation  
17 that this witness has any idea --

18 MS. BALDWIN: This is a deposition, we're  
19 not in trial right now --

20 MR. OXLEY: -- what Purdue was thinking  
21 about internally.

22 MS. BALDWIN: -- we certainly will be  
23 soon, but we are not in trial right now. All you  
24 say is -- you could object. You are improperly  
25 coaching the witness.

1 MR. OXLEY: No, I'm not, I've made my  
2 objection.

3 MR. EHSAN: For the record, is it  
4 counsel's position that this transcript will not be  
5 used at trial in Oklahoma?

6 MS. BALDWIN: It's absolutely not.

7 MR. EHSAN: Okay, then, I think the  
8 distinction between whether this --

9 MS. BALDWIN: You could argue foundation  
10 at the appropriate time. But anyway, if you want  
11 say, Objection, lack of foundation" --

12 MR. OXLEY: I don't appreciate you trying  
13 to trick the witness.

14 MS. BALDWIN: I move to strike Purdue's  
15 attorney's comments.

16 MR. OXLEY: As I'm sure you know, my  
17 comments won't be played for the jury, so there's  
18 nothing to strike.

19 MS. BALDWIN: They certainly may be.

20 BY MS. BALDWIN:

21 Q. Dr. Fishman, I'm not trying to trick you.  
22 I'm going to reask the question.

23 Under, "B, Advocacy, Number 2, Targeted  
24 Advocacy," this document states, "There will be a  
25 significant effort to pass the newly introduced

1 National Pain Care Policy Act of 2007"; correct?

2 A. That's what it says.

3 Q. And that's one of the APF initiatives that  
4 Purdue is contemplating in this e-mail internally  
5 and stating that it would like to spread its  
6 \$115,000 over; is that true?

7 MR. OXLEY: Objection, foundation.

8 THE WITNESS: It appears that that's one  
9 of the items that they're thinking about funding.

10 BY MS. BALDWIN:

11 Q. Did you consider the pharmaceutical  
12 companies -- and when I say you, I'm -- let me give  
13 some context. When you were chair of the American  
14 Pain Foundation, did you consider Purdue, Janssen  
15 Endo, Teva, Cephalon, these pharmaceutical  
16 companies, APF's partner?

17 MR. ROBINSON: Objection, form,  
18 foundation.

19 MR. OXLEY: Objection.

20 THE WITNESS: No, not really.

21 BY MS. BALDWIN:

22 Q. You did not?

23 A. I think there was a tendency to, but we  
24 were actually working very hard to make it clear  
25 they weren't partners, they were supporters of the

1 work that we were going to do.

2 Q. I'm going to show you what I marked as  
3 Exhibit 20.

4 (Exhibit 20 marked.)

5 BY MS. BALDWIN:

6 Q. This is a document that Janssen's produced  
7 to us in this litigation Bates stamped  
8 JAN-MS-00403640. The title of this document is  
9 "Pain Brief Advocacy and Policy Monthly 2011";  
10 correct?

11 A. Yes.

12 Q. And at the top it says "Advocacy  
13 Dashboard"; is that right?

14 A. Correct.

15 Q. If you go down a little further, it says,  
16 "Advocacy Partners with Policy Committee Sections";  
17 correct?

18 MR. EHSAN: Object to form, foundation.

19 THE WITNESS: Yes.

20 BY MS. BALDWIN:

21 Q. It lists "Primary external partners"; do  
22 you see that?

23 MR. EHSAN: Same objection.

24 THE WITNESS: Yes.

25

1 BY MS. BALDWIN:

2 Q. It says, "The American Pain  
3 Foundation/State Action Network 'Go to Partner'";  
4 do you see that?

5 MR. EHSAN: Same objection.

6 THE WITNESS: Yes.

7 BY MS. BALDWIN:

8 Q. Janssen certainly considered, according to  
9 this document, APF its go-to partner?

10 MR. EHSAN: Objection to form, foundation.

11 MR. ROBINSON: Objection, form,  
12 foundation.

13 THE WITNESS: Yeah. That's what it says  
14 here.

15 BY MS. BALDWIN:

16 Q. It also lists as its primary external  
17 partner the American Pain Society; correct?

18 MR. EHSAN: Same objections.

19 THE WITNESS: Yes, this is American Pain  
20 Society.

21 BY MS. BALDWIN:

22 Q. And the American Academy of Pain Medicine;  
23 correct?

24 MR. EHSAN: Same objections.

25 THE WITNESS: Correct.

1 BY MS. BALDWIN:

2 Q. If you turn to Page 2, if you look at the  
3 bottom, it says, "Pain Tools Disseminated";  
4 correct?

5 A. Correct.

6 Q. It talks about "Unbranded Programs"; do  
7 you see that?

8 MR. EHSAN: Object to form.

9 THE WITNESS: Yes.

10 BY MS. BALDWIN:

11 Q. And the third bullet point lists, "Let's  
12 Talk Pain-Provider/Patient Communications";  
13 correct?

14 A. Yes.

15 MR. EHSAN: Object to form.

16 BY MS. BALDWIN:

17 Q. Are you familiar with the term  
18 "unbranded"?

19 MR. EHSAN: Object to form.

20 MR. ROBINSON: Objection, form,  
21 foundation.

22 THE WITNESS: To some degree.

23 BY MS. BALDWIN:

24 Q. What do you think "unbranded" means?

25 A. Not related to a brand or a particular

1 product.

2 Q. Were you involved -- by you -- well, I  
3 mean, let's first -- in the context of American  
4 Pain Foundation, was American Pain Foundation  
5 involved in the Let's Talk Pain Coalition?

6 A. I believe it was.

7 MR. EHSAN: Form.

8 BY MS. BALDWIN:

9 Q. Were you involved as a spokesperson or  
10 physician expert or physician speaker in the --

11 MR. EHSAN: Object to form.

12 THE WITNESS: I've got to say I've seen my  
13 name associated with it, I don't recall being  
14 involved with it, but apparently I was on some  
15 level.

16 BY MS. BALDWIN:

17 Q. Did you at the time that the American Pain  
18 Foundation was involved, and you were involved in  
19 this Let's Talk Pain Coalition, did you understand  
20 that it was an unbranded marketing campaign to  
21 support the launch of NUCENTA?

22 MR. EHSAN: Objection to form, foundation.

23 THE WITNESS: No.

24 BY MS. BALDWIN:

25 Q. That was not your understanding?

1 A. No.

2 Q. Janssen never told you that?

3 MR. EHSAN: Same objections.

4 THE WITNESS: I don't recall knowing that.

5 BY MS. BALDWIN:

6 Q. Would that have affected your decision  
7 whether or not to participate in the Let's Talk  
8 Pain Coalition if you knew that it was a product to  
9 help launch an opioid?

10 MR. EHSAN: Object to form, foundation.

11 THE WITNESS: You know, I really wasn't  
12 involved in launching Let's Talk Pain. It was work  
13 -- the board of directors, we weren't at that level  
14 at the ground. I don't know how that was formed or  
15 what its roots were.

16 Had you come to me and said, you know,  
17 we're doing a product to help launch -- we're doing  
18 a project to help launch a drug, I would oppose  
19 that.

20 BY MS. BALDWIN:

21 Q. So you didn't know that at all?

22 A. No.

23 Q. And so you would -- had you been told that  
24 it was -- this program was part of it, the launch  
25 of a drug, a specific drug, you wouldn't have

1 wanted to be involved with that?

2 MR. EHSAN: Object to form, foundation.

3 THE WITNESS: If it was specifically for  
4 that purpose, I think I would have opposed doing  
5 that project.

6 MS. BALDWIN: Exhibit 21?

7 MR. ROBINSON: I think that's right.

8 BY MS. BALDWIN:

9 Q. I'm handing what I marked as Exhibit 21.

10 (Exhibit 21 marked.)

11 BY MS. BALDWIN:

12 Q. Exhibit 21 is a PowerPoint "NUCENTA  
13 Immediate Release (tapentadol)." Do you see that?

14 A. Yes.

15 Q. It's called a, "Launch Plan Ketchum Public  
16 Relations, July 8, 2009"; do you see that?

17 A. Yes.

18 Q. If you look at Page 2, there is an  
19 Overview.

20 A. Do you think I could take a moment just to  
21 go through this?

22 Q. Yes.

23 A. Okay.

24 Q. If you turn to Page 2, do you see the  
25 Overview?

1 A. I do.

2 Q. And the bottom bullet point you see,

3 "Leveraging Let's Talk Pain at launch"?

4 A. Yes.

5 Q. Does this surprise you that this was part

6 of the launch of NUCENTA?

7 MR. EHSAN: Object to form, foundation.

8 MR. ROBINSON: Objection.

9 THE WITNESS: I don't think it surprises  
10 me, but I wasn't aware of it.

11 BY MS. BALDWIN:

12 Q. Do you wish you had been told?

13 A. Yes.

14 MR. EHSAN: Same objection.

15 THE WITNESS: Yes.

16 BY MS. BALDWIN:

17 Q. Are you uncomfortable with the fact that  
18 you participated in this campaign when it was an  
19 unbranded marketing campaign for a opioid product?

20 MR. EHSAN: Object to form.

21 THE WITNESS: Yes.

22 BY MS. BALDWIN:

23 Q. Why are you uncomfortable -- why are you  
24 uncomfortable?

25 MR. EHSAN: Same objection.

1 THE WITNESS: Sorry.

2 MR. EHSAN: Go ahead.

3 THE WITNESS: You know, again, I'm going  
4 back, I don't remember when this was, 2008 or so.  
5 A long time. I've got to say that I was part of  
6 this, but I don't know that I was ever part of  
7 developing this, and I think I was asked, Do you  
8 want to go and talk to the media about pain, which  
9 is always -- my answer is always yes. I always  
10 want to talk about pain and pain relief. I don't  
11 know that I ever really was -- I was aware that I  
12 was doing this in the service of promoting a drug,  
13 and I'm not sure that I was.

14 You know, I see what's here, but, you  
15 know, I know that in accepting these speaking  
16 engagements or opportunities, they were to  
17 independently educate, you know, and probably work  
18 with a patient and talk about things that I  
19 normally talk about, which is there are a lot of  
20 ways to treat the suffering associated with pain  
21 and how to do that broadly.

22 So again, if there was an overarching plan  
23 to use this to support a drug launch, you know, I  
24 think I should have known that, and I might have  
25 changed my decision about what I did. I doubt I

1 would have done it differently, but I may not have  
2 done it at all.

3 BY MS. BALDWIN:

4 Q. Do you think that a pharmaceutical  
5 company -- strike that.

6 So Let's Talk Pain was you were hoping to  
7 educate pain patients with this coalition?

8 A. Yes.

9 Q. And you think that it's improper if a drug  
10 company is trying to directly influence patients  
11 through a campaign like this that's supporting a  
12 branded -- you know, that's unbranded marketing  
13 supporting an actual product without fully  
14 disclosing that?

15 MR. EHSAN: Objection.

16 MR. OXLEY: Objection.

17 MR. ERCOLE: Objection to form, compound,  
18 vague, ambiguous.

19 THE WITNESS: I think it depends on what  
20 really happened, and I think there are ways in  
21 which drug companies can find programs that are in  
22 the public's interest, that are good programs, that  
23 help people understand the diseases and the  
24 conditions that they have, that will raise  
25 awareness that they might find supportive of the

1 products that they're marketing. That's just --  
2 that would be just an innocent association with the  
3 work that I do. That's what I suspect probably  
4 happened here because I don't ever recall anyone  
5 asking me to pitch NUCENTA.

6 BY MS. BALDWIN:

7 Q. Well, that's the point of a unbranded  
8 marketing campaign; correct?

9 MR. ERCOLE: Objection, form.

10 MR. ROBINSON: Objection.

11 THE WITNESS: That is correct.

12 BY MS. BALDWIN:

13 Q. It doesn't specifically mention the drug.

14 MR. ERCOLE: Form objection.

15 THE WITNESS: Or a drug.

16 BY MS. BALDWIN:

17 Q. Or a drug, correct. So you wouldn't know  
18 unless you were told, that you were actually --  
19 that the program that you were involved with was  
20 supporting a drug.

21 MR. ERCOLE: Objection.

22 BY MS. BALDWIN:

23 Q. It's because there's no reference to a  
24 specific drug, it's just unbranded marketing  
25 generally for potentially a class of drugs, for

1 example.

2 MR. ERCOLE: Objection to form. Counsel's  
3 testifying.

4 THE WITNESS: So again, it would depend.  
5 If I was -- I would need to know about what really  
6 happened and what I did and what role I was  
7 involved in.

8 BY MS. BALDWIN:

9 Q. But let me go back because I'm not -- I'm  
10 talking generally, okay, as a physician who you  
11 have relationships with patients, correct, and you  
12 would consider your doctor-patient relationship a  
13 special relationship that you would -- tell me if  
14 I'm wrong -- that you wouldn't believe a company  
15 should be interfering in that relationship; would  
16 you agree with that?

17 MR. ERCOLE: Objection to form.

18 MR. EHSAN: Objection to form.

19 THE WITNESS: I would agree with that.

20 BY MS. BALDWIN:

21 Q. So would you think it was improper for a  
22 drug company to try to directly influence patients  
23 going around, you know, a physician through a  
24 campaign that may seemingly be neutral, but is  
25 actually supporting the launch of a product?

1 MR. ERCOLE: Objection to form.

2 MR. ROBINSON: Objection to form.

3 THE WITNESS: Again, it really -- I can  
4 imagine that there are things that I would feel  
5 independently completely appropriate for talking  
6 about in the public that are helpful to drug  
7 companies that have nothing to do with my working  
8 with the drug company to support their end game,  
9 and they might see it as helpful to them, that I am  
10 indifferent to.

11 I don't know if anybody gave me  
12 information that they asked me to speak on and to  
13 talk on. I suspect when did I this, I believed  
14 that this was my own independent content and  
15 whether it helped the drug company or not, I was  
16 indifferent to that.

17 BY MS. BALDWIN:

18 Q. Well, again, I'm asking you if you think  
19 it's improper with respect to the doctor-patient  
20 relationship, and a patient specifically, that  
21 there's no disclosure to that patient that there is  
22 a potential campaign that may be associated -- may  
23 be funded by a pharmaceutical company or associated  
24 with a drug, and so they don't have full disclosure  
25 when they're reading the materials where it's

1 coming from, and I'm asking if you think that's  
2 improper or deceitful?

3 MR. ERCOLE: Objection to form.

4 MR. ROBINSON: Objection to form.

5 MR. OXLEY: Incomplete hypothetical.

6 THE WITNESS: You know, I think everyone  
7 should have disclosure about who's funding what,  
8 and again, I don't know if there was disclosure  
9 about who funded Let's Talk Pain, but again, my  
10 hope is that it was done in a way where we came up  
11 with Let's Talk Pain and then a company said, "We  
12 want to support that because that's consistent with  
13 our mission," as opposed to the other way around.

14 BY MS. BALDWIN:

15 Q. I'm going to show you what I'm marking as  
16 Exhibit 22.

17 (Exhibit 22 marked.)

18 BY MS. BALDWIN:

19 Q. Do you recognize this document?

20 A. I don't.

21 Q. Do you recall -- what is the logo on the  
22 bottom of this document?

23 A. The Partners Against Pain was something  
24 that Purdue, a branding or a logo for Purdue.

25 Q. You thought it was a logo for Purdue?

1 A. I think so.

2 Q. And it looks like -- well, Exhibit 29

3 [sic] is called Pain Matters, correct?

4 A. Uh-huh.

5 Q. It says, "Partners Against Pain Magazine";  
6 correct?

7 A. Uh-huh.

8 Q. If you turn to Page 2, it says, "Editor in  
9 Chief Scott M. Fishman, M.D.; do you see that?

10 A. Uh-huh.

11 Q. Do you recall being editor in chief of  
12 this publication?

13 A. I don't. I don't know what editor -- what  
14 role that -- what role that had -- what I really  
15 had to do with editor in chief, other than I  
16 probably reviewed the articles that they put in  
17 here, and it was -- these -- the regulatory issues  
18 were of interest to me, great interest to me at the  
19 time. So...

20 Q. You wrote one of the articles in here;  
21 correct?

22 A. Yes, yeah.

23 Q. I'm going to show you what I marked as  
24 Exhibit 22?

25 MR. EHSAN: Aren't we on 23?

1 MR. ROBINSON: 23.

2 (Exhibit 23 marked.)

3 BY MS. BALDWIN:

4 Q. Twenty-three. Exhibit 23 has two Bates  
5 stamps, PDD1782004399, and this is an internal memo  
6 dated November 6, 2000 from Robin Hogan to Mark  
7 Alfonso; correct?

8 A. Yes.

9 Q. Do you know either Robin Hogan or Mark  
10 Alfonso?

11 A. I don't.

12 Q. The subject is "Rationale for Partners  
13 Against Pain Spinoff"; correct?

14 A. Yes.

15 Q. And this memo appears to be talking about  
16 the rationale for creating Partners Against Pain as  
17 a spinoff of Purdue; do you see that?

18 MR. ERCOLE: Objection.

19 THE WITNESS: I'm seeing it right now.

20 BY MS. BALDWIN:

21 Q. And if you look under, "Objectives of  
22 Establishing Partners Against Pain as a Nonprofit  
23 Organization," it states, "The ultimate goal of  
24 Partners Against Pain is to positively impact  
25 Purdue Pharma's topline growth by creating

1 'pull-through' pain management products among the  
2 45 million Americans living in pain today"; did I  
3 read that correctly?

4 A. Yes.

5 Q. Did you know that the purpose behind  
6 Partners Against Pain was to --

7 A. I did not.

8 Q. -- impact top line growth for Purdue?

9 MR. OXLEY: Objection, foundation.

10 THE WITNESS: No.

11 BY MS. BALDWIN:

12 Q. Would you have liked to have known that  
13 before you participated in the Partners Against  
14 Pain program?

15 A. Yes, I believe so.

16 Q. And if you turn to the next page under  
17 "Capabilities of partners against Pain Compared to  
18 Purdue"; do you see that?

19 A. Yes.

20 Q. Could you read that second paragraph?

21 A. "Though chronic pain patients contact the  
22 company for information, advice and referrals,  
23 Purdue cannot respond to these requests without  
24 compromising the learned intermediary defense.  
25 Patient outreach and the ability to create a

1 community for chronic pain sufferers are impossible  
2 given the liability risks."

3 Q. And it goes on to say, "In addition, while  
4 the public and medical establishment needs  
5 continual education regarding the safety and  
6 efficacy of opioids, these messages have greater  
7 integrity coming from an entity that is not a  
8 pharmaceutical company. Partners Against Pain  
9 creates a 'clean' platform for these messages"; do  
10 you see that?

11 A. I do.

12 Q. So this document -- doesn't this document  
13 show that Purdue is trying to go around the  
14 physician to communicate directly to the patient,  
15 while still preserving the defense that the doctor  
16 is a learned intermediary between the  
17 pharmaceutical company and the patient?

18 MR. OXLEY: Objection, form.

19 MR. ROBINSON: Objection.

20 THE WITNESS: It looks to me like Purdue's  
21 trying to create a shell to do things they can't do  
22 as a company.

23 BY MS. BALDWIN:

24 Q. Do you think that's deceitful?

25 A. Yes.

1 MR. OXLEY: Same objection.

2 BY MS. BALDWIN:

3 Q. Is that something that you wish that you  
4 known before becoming involved in this program?

5 A. Yes.

6 Q. Do you believe that's interfering with the  
7 doctor-patient relationship in an improper manner?

8 MR. OXLEY: Objection, form.

9 MR. ROBINSON: Objection, form.

10 MR. EHSAN: Objection.

11 THE WITNESS: You know, I'm not sure. You  
12 know, I look back at my -- you know, had I known  
13 this, I probably wouldn't have participated in  
14 the -- in this. I think I did this with naive good  
15 intentions. I haven't sat down and read this, but  
16 I bet I would stand by it today based on the facts  
17 of the day. They were rapidly changing after this  
18 in terms of what we knew about opioids, but based  
19 on the facts of the day, I think, you know, this  
20 was a balanced presentation that didn't have any  
21 influence by, you know, the company to do the  
22 things they're talking about, but I probably  
23 wouldn't have wanted to have been associated.

24 So again, I don't know about the  
25 patient -- doctor-patient relationship, but I

1 probably wouldn't have wanted to be associated with  
2 the organization.

3 BY MS. BALDWIN:

4 Q. Do you think it's deceitful for patients  
5 to believe that they're receiving clean information  
6 and messages from an independent source, when in  
7 actuality it's a pharmaceutical company sending  
8 those messages to the patient?

9 MR. ERCOLE: Objection, form, foundation.

10 MR. ROBINSON: Objection.

11 MR. OXLEY: Objection.

12 THE WITNESS: Yes.

13 MS. BALDWIN: Can we just take a quick  
14 break, we've been going about an hour or over an  
15 hour?

16 MR. ROBINSON: Yeah.

17 THE VIDEOGRAPHER: Going off the record  
18 the time is 3:11.

19 (Recess taken.)

20 THE VIDEOGRAPHER: Back on the record at  
21 3:27.

22 BY MS. BALDWIN:

23 Q. Dr. Fishman, we were talking about this  
24 e-mail, which I believe was Exhibit 19.

25 A. I'm on 23.

1 Q. Yeah, I'm just going back on the list.

2 A. Going back to 19.

3 MR. ROBINSON: 19 I believe was the Exit  
4 Wounds.

5 THE WITNESS: Exit Wounds.

6 BY MS. BALDWIN:

7 Q. Then the one before that.

8 A. 17 is Rebecca Novak-Tibbitt.

9 Q. No, the one after. I think I'm one off.

10 MR. ROBINSON: Eighteen?

11 THE WITNESS: So 18.

12 BY MS. BALDWIN:

13 Q. Yeah. So we were going through the items  
14 that the APF projects that Purdue was discussing in  
15 this internal e-mail, and there's one more I wanted  
16 to point out, which was Number 6, which is  
17 Involvement and Leadership in the Pain Core Forum.  
18 And the APF states, "A central role in the  
19 activities of the Pain Care Forum, which has on the  
20 2008 agenda, amongst other items, the passage of  
21 the National Pain Care Policy Act"; did I read that  
22 correctly?

23 A. Yes.

24 Q. Are you familiar with the Pain Care Forum?

25 A. I am.

1 Q. And it states here that APF played a  
2 central role in the activities of the Pain Care  
3 Forum; correct?

4 A. Well, the Pain Care Forum I think was  
5 probably just starting -- the idea that it was just  
6 starting around this time. The Pain Care Forum was  
7 a collection of interests in pain advocates from  
8 pharma companies to professional organizations, to  
9 consumer advocacy groups. The CEO of the American  
10 Pain Foundation was a big supporter of it. When I  
11 came in as chair of the APF, I was opposed to us  
12 being part of the Pain Care Forum.

13 Q. Why were you opposed to?

14 A. Because I felt there was -- there just  
15 weren't clear boundaries in terms of what was  
16 really being done with the pain forum. It was  
17 supposed to just be a forum for exchanging ideas,  
18 but at times there were interests in the pain forum  
19 that wanted to support projects and do things  
20 together, and I felt like that was an inappropriate  
21 alliance. So it was a point of contention within  
22 APF. I don't know that they ever supported it. I  
23 honestly don't know what happened with that. I  
24 opposed it at APF and opposed it within other of my  
25 other roles in other organizations like the Academy

1 of Pain Medicine and others.

2 Q. Were you concerned -- when you say  
3 "inappropriate alliance," were you concerned that  
4 there was industry influence in that organization?

5 A. That there was -- that the ties with  
6 industry were too close.

7 Q. Including with the opioid manufacturers?

8 A. Correct.

9 Q. And do you have any understanding as to  
10 who was the chair of the Pain Care Forum?

11 A. Burt Rosen.

12 Q. Okay.

13 A. That's really how I know Burt Rosen is  
14 through that. And again, I don't want to imply  
15 that the Pain Care Forum, I don't know that they  
16 did anything inappropriate. I just didn't think it  
17 was the right way, it was the right process for us  
18 as a consumer organization or for a professional  
19 organizations to conduct our work and our projects.

20 Q. Because of potential industry influence?

21 MR. ERCOLE: Objection, form.

22 THE WITNESS: And the optics, you know,  
23 the apparent conflicts of interest in working that  
24 closely without really clear boundaries.

25

1 BY MS. BALDWIN:

2 Q. I'm going to show you what I've marked as  
3 Exhibit 24.

4 (Exhibit 24 marked.)

5 BY MS. BALDWIN:

6 Q. Exhibit 24 is Bates stamped in PPLP  
7 004273776. These are objectives for Burt Rosen, VP  
8 Federal Government Affairs at Purdue; correct?

9 A. That's what it says.

10 MR. OXLEY: Objection, foundation.

11 BY MS. BALDWIN:

12 Q. This is for the Department of Federal  
13 Government Affairs at Purdue; correct?

14 A. Again, that's what it says.

15 Q. And it lists several corporate objectives  
16 here. Can you read the first one?

17 A. "Utilize coalitions and policy to develop  
18 and implement balance public policies affecting the  
19 profitability of Purdue."

20 Q. And do you see the Business Outcome next  
21 to it?

22 A. I do.

23 Q. It says, "Seek pain care forum and task  
24 force, support for influencing governmental  
25 agencies and Congress through stakeholder's efforts

1 to maintain a even playing field for Purdue"; do  
2 you see that?

3 A. I do.

4 Q. Did you know that the Pain Care Forum was  
5 being utilized to implement pain policies  
6 affecting -- or public policies affecting the  
7 profitability of Purdue?

8 MR. ROBINSON: Objection, form.

9 MR. OXLEY: Objection.

10 MR. ROBINSON: Foundation.

11 THE WITNESS: I did not know that.

12 BY MS. BALDWIN:

13 Q. How do you feel about that?

14 MR. ROBINSON: Objection.

15 MR. OXLEY: Objection, form.

16 THE WITNESS: I don't think it was an  
17 appropriate forum for industry to -- it wasn't an  
18 appropriate forum for the groups that I was working  
19 with to be working on our public policies.

20 Whether it was appropriate for Purdue or  
21 not, I mean, they're in business, and if it's legal  
22 and they want to do that, I guess it's okay, but  
23 again, I didn't see it as an appropriate place for  
24 us to be working together with industry.

25

1 BY MS. BALDWIN:

2 Q. Well, do you think it's wrong for a  
3 pharmaceutical company to use an organization as  
4 internal leverage to increase profits without the  
5 participating organizations knowing that that's its  
6 intended purpose?

7 MR. ERCOLE: Objection, form.

8 MR. ROBINSON: Objection, form.

9 THE WITNESS: It's hard for me to know. I  
10 think it's wrong for -- again, I can't speak for  
11 pharma, if it's wrong for pharma to do that. I  
12 think it's wrong for consumer organizations and  
13 professional organizations to be part of these  
14 kinds of groups.

15 BY MS. BALDWIN:

16 Q. Do you think it's wrong for a company like  
17 Purdue to utilize other participants in an  
18 organization unbeknownst to them, to promote public  
19 policies that effect the profitability of their own  
20 company without those participating organizations  
21 knowing about it?

22 MR. ROBINSON: Objection, form.

23 MR. ERCOLE: Objection, form.

24 MR. ROBINSON: Asked and answered.

25 THE WITNESS: I think it's not surprising

1 that all the companies there would have their own  
2 hidden agendas.

3 BY MS. BALDWIN:

4 Q. You don't think --

5 A. I would expect that.

6 Q. You don't think that's deceitful to the  
7 other participating organizations of the Pain Care  
8 Forum who had no knowledge that this was part of  
9 Purdue's corporate objective to achieve 2012  
10 OxyContin, Butrans, Intermezzo and laxative brand  
11 budget targets for sales and profitability with  
12 total Purdue net branded the sales exceeding  
13 \$2.426 billion?

14 MR. ERCOLE: Objection, form.

15 MR. ROBINSON: Objection, form.

16 THE WITNESS: You know, again, I don't  
17 really know what's right and wrong for a drug  
18 company. I know it's not right for independent  
19 professional and consumer organizations to be  
20 partnering in that kind of forum.

21 BY MS. BALDWIN:

22 Q. Well, is it right for any company to  
23 utilize an organization of other participants to  
24 leverage their own profits without those other  
25 participants that they're working with knowing

1 about it?

2 MR. OXLEY: Same objection.

3 MR. ROBINSON: Objection, form, lacks  
4 foundation.

5 THE WITNESS: Right, I'm not sure.

6 BY MS. BALDWIN:

7 Q. You're not sure; you don't know if that's  
8 deceitful?

9 MR. ROBINSON: Objection, asked and  
10 answered.

11 MR. ERCOLE: Objection, form.

12 THE WITNESS: It's not transparent.

13 BY MS. BALDWIN:

14 Q. And it's something that you very much  
15 would have liked to know when you are on the board  
16 of directors as an organization that was a  
17 participant of the Pain Care Forum; correct?

18 MR. ERCOLE: Objection to form.

19 MR. ROBINSON: Objection.

20 THE WITNESS: I think had I known this in  
21 writing, it would have made my argument a stronger  
22 one.

23 BY MS. BALDWIN:

24 Q. You think this document supports the  
25 concerns that you had?

1 MR. OXLEY: Objection, foundation.

2 THE WITNESS: Yes.

3 BY MS. BALDWIN:

4 Q. Dr. Fishman, you talked about this today,  
5 but you have done a lot of education of your peers;  
6 correct?

7 A. Yes.

8 Q. In the area of pain management?

9 A. Correct.

10 Q. And would you say that -- would you agree  
11 that it's important to you that the physicians that  
12 you teach and that you work with have all of the  
13 adequate information about risks and benefits when  
14 they're prescribing a drug in the treatment of pain  
15 or for the treatment of any purpose?

16 A. Yes.

17 MR. ERCOLE: Objection, form.

18 THE WITNESS: I would agree.

19 BY MS. BALDWIN:

20 Q. That's something that you spent most of  
21 your life working towards and working on is  
22 properly educating physicians in respect to the use  
23 of opioids and the treatment of pain?

24 A. And particularly on balancing the risks  
25 and the benefits, which you can't do unless you

1 know them.

2 Q. You think it's important that a company  
3 disclose all of the risks and benefits of a drug,  
4 so that when a physician is prescribing a drug and  
5 is determining whether or not they're doing a risk  
6 benefit analysis, whether or not to prescribe that  
7 drug for a patient, they have the full picture and  
8 they are able to make an appropriate decision for  
9 that patient; would you agree with that?

10 MR. ROBINSON: Object to form.

11 THE WITNESS: In principle, yes.

12 BY MS. BALDWIN:

13 Q. Do you think it would be deceitful and, in  
14 fact, harmful if a company that manufactured a drug  
15 were, in fact, to omit risk information about that  
16 drug or specifically lead physicians to believe  
17 that a drug was less risky than it truly was?

18 MR. ROBINSON: Objection, form.

19 MR. ERCOLE: Objection, form.

20 THE WITNESS: I think it would be  
21 deceitful if that were truly known.

22 Q. And it could result in harm to a patient  
23 potentially because it would influence that risk  
24 benefit analysis?

25 MR. EHSAN: Objection, form.

1 MR. ERCOLE: Objection, form.

2 THE WITNESS: Yes.

3 BY MS. BALDWIN:

4 Q. I'm showing you what I marked as  
5 Plaintiff's Exhibit 5 [sic].

6 MR. ROBINSON: Twenty-five.

7 MS. BALDWIN: Twenty-five, thank you.

8 (Exhibit 25 marked.)

9 MS. BALDWIN: It's stapled --

10 MR. ROBINSON: Not stapled?

11 MS. BALDWIN: No.

12 THE WITNESS: Would you like me to read  
13 this?

14 BY MS. BALDWIN:

15 Q. We're going to talk about it, but yeah, if  
16 you need to read it.

17 A. Should I read this down or from the back?

18 MR. ROBINSON: You could start --

19 MS. BALDWIN: From the back, I think.

20 MR. ROBINSON: From the back forward. The  
21 first one.

22 THE WITNESS: In the middle, yeah.

23 BY MS. BALDWIN:

24 Q. Dr. Fishman, this exhibit is an e-mail  
25 chain between employees at Purdue Pharma; correct?

1           A.    You know, I was wondering, I see that, you  
2    know, Purdue at the bottom. But yeah, I didn't  
3    know. I don't recognize these names.

4           Q.    Do you recognize the name Michael  
5    Friedman?

6           A.    No.

7           Q.    Do you know that Purdue pled guilty to  
8    felony misbranding of OxyContin in 2007?

9           A.    Yes.

10          Q.    Do you know that Michael Friedman pled  
11    guilty to a misdemeanor of misbranding OxyContin in  
12    2007?

13          A.    I don't know the names of the people that  
14    pled guilty. I know that executives --

15          Q.    I represent to you that Michael Friedman  
16    is an individual who is the author of the first  
17    e-mail at the bottom of this e-mail chain, and it's  
18    dated May 28, 1997; correct?

19          A.    Yes.

20          Q.    And could you just read that second  
21    paragraph?

22          A.    Of the e-mail --

23          Q.    The e-mail from Michael Friedman, yes.

24          A.    "We are all well aware," is that the  
25    paragraph?

1 Q. Yes.

2 A. "We are well aware of the view held by  
3 many physicians that oxycodone is weaker than  
4 morphine. We all know this is the result of their  
5 association of oxycodone with less serious pain  
6 syndromes. This association arises from their  
7 extensive experience with and use of oxycodone  
8 combinations to treat pain arising from a diverse  
9 set of causes, some serious, but most less serious.  
10 This personality of oxycodone is an integral part  
11 of the personalities of OxyContin."

12 Q. Could you read the next paragraph as well?

13 A. "When we launched OxyContin we  
14 intentionally avoided a promotional theme that  
15 would link Oxycontin to cancer pain. We  
16 specifically linked OxyContin to the oxycodone  
17 combinations with our Old Way New Way campaign. We  
18 made sure that our initial detailed piece provided  
19 reps with the opportunity to sell the product for a  
20 number of different pain states. With all of this,  
21 we were still concerned that the drug would be  
22 slotted for cancer pain and that we would encounter  
23 resistance in the nonmalignant pain market."

24 Q. Could you go on to read the last paragraph  
25 on that page?

1           A.    "Despite initial uncertainty, we have been  
2   successful beyond our expectations in the  
3   nonmalignant pain market. Doctors use the drug in  
4   nonmalignant pain because it is effective, and the  
5   personality of OxyContin is less threatening to  
6   them and their patients than that of morphine  
7   alternatives. I apologize for this unscientific  
8   term, but I feel it captures the notion that there  
9   are image-related attributes that influence drug  
10   acceptance.

11                "While we might wish to see more of this  
12   product sold for cancer pain, it would be extremely  
13   dangerous at this early stage in life of the  
14   product to tamper with this personality. To make  
15   physicians think the drug is stronger or equal to  
16   morphine. We are better off expanding use of  
17   OxyContin in the nonmalignant pain states and  
18   waiting for hydromorphone OD in 1999 to relaunch  
19   into cancer pain."

20           Q.    Then it goes on to say, "For the time  
21   being, I do not plan to try to change the  
22   personality of OxyContin. We will continue to  
23   focus on expanding the nonmalignant pain usage. In  
24   this group of patients, morphine is not an  
25   alternative and the price is correct."

1 Do you think it's deceitful that Purdue  
2 wanted or wanted doctors to believe or didn't want  
3 to correct the mistaken belief that oxycodone was  
4 not as strong as morphine, even though it's, in  
5 fact, at least one and a half times stronger than  
6 morphine?

7 MR. ROBINSON: Objection, form.

8 MR. OXLEY: Objection, form.

9 THE WITNESS: Yeah, yes. I think  
10 that's -- again, I don't know how they may have  
11 promulgated that idea that it's not -- that  
12 oxycodone is weaker -- is a weaker opioid than  
13 morphine, except I do understand why doctors might  
14 presume that, and they explain it pretty well here  
15 that morphine is a drug that you give really -- you  
16 know, you give to people in serious pain who are  
17 often dying. And oxycodone is a drug that's  
18 co-compounded with acetaminophen and you give for  
19 molar extractions or, you know, a bone fracture  
20 that's going to heal. So I understand the roots of  
21 that.

22 I don't know how they went about -- I  
23 don't know if they just let that belief exist or  
24 whether they actively promoted that it's less  
25 potent and it's just a friendly form of our old

1 friend Percocet, you know.

2 BY MS. BALDWIN:

3 Q. They also didn't promote the drug  
4 aggressively to cancer patients who they admit  
5 might have actually needed the drug because of its  
6 potency; correct?

7 MR. OXLEY: Objection to form.

8 MR. ROBINSON: Objection, form.

9 THE WITNESS: Correct.

10 BY MS. BALDWIN:

11 Q. Isn't this the type of information that  
12 you would want physicians that you educated to  
13 understand so that they could prescribe the drug to  
14 the appropriate patients?

15 A. I'm sure that I taught people that  
16 oxycodone was more potent than morphine and it  
17 needed to be used carefully, and that there was  
18 really, you know -- it was one of the extended  
19 release options. It wasn't a unique extended  
20 release option. It was one of the extended release  
21 options of all of the opioid group.

22 Q. And you are very knowledgeable in this  
23 area, but a primary care physician that was being  
24 targeted by a pharmaceutical company for opioids  
25 like OxyContin may not have that knowledge?

1 A. May not have that.

2 MR. OXLEY: Objection to form.

3 MR. ERCOLE: Objection to form.

4 BY MS. BALDWIN:

5 Q. Is that correct?

6 MR. ERCOLE: Objection to form.

7 THE WITNESS: I think that's correct.

8 BY MS. BALDWIN:

9 Q. And so that is something that -- in your  
10 opinion, do you believe that is something that is  
11 problematic or deceitful or even harmful to  
12 propagate this misinformation to a physician that  
13 may not have an understanding that oxycodone is, in  
14 fact, weaker than morphine?

15 MR. OXLEY: Same objections.

16 MR. EHSAN: Object to form.

17 THE WITNESS: I think if Purdue  
18 perpetuated these myths, then that's bad, that's  
19 egregious. Again, I don't know what they did. I  
20 see what they wrote. I don't really have any  
21 knowledge of what they did.

22 BY MS. BALDWIN:

23 Q. But what they wrote, if they, in fact, did  
24 that, that's egregious in your opinion?

25 A. Sounds bad.

1 MR. OXLEY: Same objection.

2 THE WITNESS: Yes.

3 BY MS. BALDWIN:

4 Q. What about if they just understood that  
5 physicians had this misperception, but they chose  
6 not to correct it just to make more money, would  
7 that also be deceitful and egregious?

8 MR. OXLEY: Same objection.

9 THE WITNESS: Again, it's hard to know  
10 what that looks like, you know. I'm not sure what  
11 their expected role is for creating the education  
12 that we give. I certainly didn't give education  
13 that was consistent with this, with what's said in  
14 here. That's why, you know, having independent  
15 educators is a good thing and that's why I would  
16 argue it was in Purdue's interest to have people  
17 like me doing the education rather than them.

18 BY MS. BALDWIN:

19 Q. Do you agree that if that myth was  
20 perpetuated and that was not -- that misperception,  
21 while known to Purdue, was not corrected in  
22 physicians by them so that they could sell more of  
23 their OxyContin, that would be deceitful; correct?

24 MR. ROBINSON: Objection.

25 MR. OXLEY: Objection, form.

1 THE WITNESS: Yeah, I'm not sure what more  
2 to say.

3 BY MS. BALDWIN:

4 Q. That would be wrong?

5 A. It depends on what it was. I think there  
6 is a level there where if they're perpetuating that  
7 myth, that's a harmful myth and that's wrong.

8 Q. You talked about this today, but you  
9 authored a book called "Responsible Opioid  
10 Prescribing"; correct?

11 A. Yes, I did.

12 Q. I'm going to mark this as Exhibit 26. I'm  
13 just going to talk about this briefly.

14 (Exhibit 26 marked.)

15 BY MS. BALDWIN:

16 Q. On the second page of the -- and I have  
17 the actual book, so it's on Page 3 of your sheet, I  
18 think, there is a list of supporters; correct?

19 A. Yes.

20 Q. And some of these supporters provided  
21 funding for the production or the distribution of  
22 the book; is that correct?

23 A. Yes.

24 Q. And Purdue was one of the supporters who  
25 provided funding for their production and

1 distribution of the book; correct?

2 A. You know --

3 MR. ERCOLE: Objection, form.

4 MR. ROBINSON: Objection.

5 MR. ERCOLE: Just for the record, this is  
6 an excerpt that you decided to pull from the book?

7 MS. BALDWIN: I have the book right here.

8 MR. ERCOLE: But you are using it as an  
9 exhibit.

10 MS. BALDWIN: Yes, it's an excerpt. So I  
11 didn't print off 137 pages.

12 MR. ERCOLE: Fair enough. It's an excerpt  
13 of select pages that you guys at the State just  
14 decided to print?

15 MS. BALDWIN: Yes, I exhibited an excerpt  
16 of pages from Responsible Opioid Prescribing.

17 THE WITNESS: So I don't know who did  
18 what, who sponsored what part. That was worked out  
19 through the Federation of State Medical Boards.

20 BY MS. BALDWIN:

21 Q. So if they testified that Purdue and  
22 Cephalon and King and Alpharma provided funding for  
23 production or distribution of the book, that you  
24 wouldn't have any reason to disagree with that?

25 A. Correct.

1 MR. ERCOLE: Objection to form.

2 MR. EHSAN: Objection.

3 BY MS. BALDWIN:

4 Q. I'm going to mark this as Exhibit 27.

5 (Exhibit 27 marked.)

6 BY MS. BALDWIN:

7 Q. I'm not trying to trick you. This is  
8 FSMB's response to the Senate Finance Committee in  
9 2012.

10 A. Right.

11 Q. And if you turn to Page 14 -- actually, if  
12 you turn to Page 11 -- it starts on Page 10 really,  
13 but if you turn to Page 11, it shows FSMB's  
14 responses to all payments/transfers received from  
15 all organizations that developed, manufacture,  
16 produce, market or promote the use of opioid based  
17 drugs from 1997 to the present.

18 On Page 11, it indicates that Purdue  
19 Pharma paid \$878,895 for a grant project to update  
20 the FSMB Model Guidelines; do you see that?

21 A. That's on Page 11?

22 Q. Uh-huh, second-to-last row.

23 A. I see 87,000.

24 Q. Yes. Correct. \$87,895.

25 Let me ask that again. On Page 11 of the

1 FSMB response to the U.S. Senate inquiry in 2012,  
2 FSMB represented that, "Purdue paid \$87,895 for a  
3 grant for the project to update the FSMB Model  
4 Guidelines for the use of controlled substances in  
5 the treatment of pain"; is that correct?

6 A. That's what it says.

7 MR. OXLEY: Could you read the rest of it  
8 because it says more than that, I think.

9 MS. BALDWIN: "Educate FSMB members boards  
10 and assess changes in knowledge and attitudes of  
11 FSMB member boards." Okay, strike that.

12 I'm going to ask this question again, I  
13 keep getting interrupted.

14 MR. OXLEY: Thank you.

15 BY MS. BALDWIN:

16 Q. Page 11 of the FSMB response to the U.S.  
17 Senate Committee letter inquiring about the  
18 relationship between opioid manufacturers and  
19 third-party organizations states that, Purdue  
20 Pharma paid FSMB \$87,895 as a grant for projects to  
21 update FSMB Model Guidelines, educate FSMB member  
22 board -- member board and assess changes in  
23 knowledge and attitudes of FSMB member boards as  
24 assessed by surveys; do you see that?

25 A. I do.

1 Q. Did you know that Purdue funded the  
2 revision of the FSMB 1998 guidelines into the 2004  
3 model policy?

4 A. I may have.

5 MR. OXLEY: Objection, form.

6 THE WITNESS: I'm not sure, but if I --

7 BY MS. BALDWIN:

8 Q. At one time?

9 A. Or not.

10 Q. At one time you may have known, but you  
11 can't recall?

12 A. Yes, right.

13 Q. If you turn to the next page, Page 12, it  
14 states that Endo Pharmaceuticals in 2007 gave  
15 \$40,000 in grant in support of FSMB physician  
16 education initiative on safe and effective  
17 prescribing practices in pain management. Do you  
18 see that?

19 MR. EHSAN: Object to form.

20 THE WITNESS: I do.

21 BY MS. BALDWIN:

22 Q. And I'm not trying to trick you here, but  
23 on Page 14 that indicates support for the  
24 production of responsible opioid prescribing.

25 A. Okay.

1 Q. Is that correct?

2 MR. ERCOLE: Objection to form.

3 MR. ROBINSON: Yeah, objection, form.

4 THE WITNESS: Okay.

5 BY MS. BALDWIN:

6 Q. Is that correct?

7 A. That's what it appears here, yes.

8 Q. And Purdue Pharma gave a \$58,000 grant in  
9 support of the production of the book as well;  
10 correct?

11 MR. ROBINSON: Objection, form,  
12 foundation. Go ahead.

13 THE WITNESS: You're saying that they gave  
14 an additional grant?

15 BY MS. BALDWIN:

16 Q. On Page 12, it says in 2007, Purdue gave a  
17 grant in support of FSMB education initiative on  
18 safe and effective prescribing practices and paid  
19 management \$58,000, correct?

20 A. Uh-huh.

21 Q. And that -- and Page 14 indicates that  
22 that means production of the book Responsible  
23 Opioid Prescribing; correct?

24 MR. OXLEY: Object to the form.

25 MR. ROBINSON: Form, foundation. You

1 could answer.

2 THE WITNESS: Yeah, that's -- it's what it  
3 states. You know, I'm not sure what "production"  
4 means and what all this money went to, but yes,  
5 that's what it says.

6 BY MS. BALDWIN:

7 Q. And Abbot Laboratories paid \$30,000 for  
8 the production of the book; correct?

9 MR. EHSAN: Object to the form.

10 THE WITNESS: Uh-huh.

11 BY MS. BALDWIN:

12 Q. And then if you look back on Page 12, it  
13 shows Alpharma gave a grant of a hundred thousand  
14 dollars for the distribution of the book; correct?

15 A. Yes.

16 Q. Endo gave \$100,000 for the distribution of  
17 the book; correct?

18 A. Uh-huh.

19 Q. Cephalon gave a hundred thousand dollars  
20 for the distribution of the book; correct?

21 MR. ERCOLE: Objection to the form.

22 THE WITNESS: Uh-huh.

23 BY MS. BALDWIN:

24 Q. Purdue gave a hundred thousand dollars for  
25 distribution of the book?

1 A. Yes.

2 Q. King Pharmaceuticals gave a hundred  
3 thousand dollars in 2009 for the distribution of  
4 the book; correct?

5 A. Yes.

6 Q. And Endo Pharmaceuticals gave \$100,000 in  
7 2009 to support distribution of the book; correct?

8 A. Yes.

9 Q. Alpharma purchased 20 copies of the book;  
10 do you see that there?

11 A. Yes.

12 Q. King Pharmaceuticals in 2009 gave another  
13 \$75,000 to support distribution of the book;  
14 correct?

15 A. Yes.

16 Q. Mallinckrodt gave \$100,000 to support  
17 distribution of the book; correct?

18 A. Yes.

19 Q. Cephalon gave another \$50,000 for  
20 distribution of the book; correct?

21 MR. ERCOLE: Objection to form.

22 BY MS. BALDWIN:

23 Q. In 2011? Yeah, in 2011.

24 A. Are you talking about Mallinckrodt?

25 Q. No, Cephalon.

1           A.    Cephalon, yes. Well, that looks like --  
2   okay. It was given in 2010 for 2011 for total for  
3   2011. Got it, yes.

4           Q.    And then this book was eventually  
5   accredited as a CME activity; correct?

6           A.    Correct.

7           Q.    And you see that in 2011 Endo gave  
8   \$125,000 grant for proposed CME activity related to  
9   FDA opioid REMS; do you see that?

10          A.    That's not the -- that's different than  
11   the book.

12          Q.    That's not the book?

13          A.    That's not.

14          Q.    Okay. You see that in 2012 Endo purchased  
15   6,000 copies of the book?

16          A.    Correct.

17          Q.    Correct. So -- that refreshes your  
18   recollection, then, that there was pharmaceutical  
19   support from some of the sponsors listed on this  
20   page?

21          A.    Yes. I'm sure that the folks listed on  
22   this page contributed. I just don't know who gave  
23   what when for what.

24          Q.    Other than what we just --

25          A.    Seemed to indicate this.

1 MR. ROBINSON: Objection, form,  
2 foundation.

3 MR. EHSAN: Same.

4 BY MS. BALDWIN:

5 Q. Do you know if Janssen provided any  
6 funding in support of either the production or  
7 distribution of Responsible Opioid Prescribing to  
8 your recollection?

9 A. If it's not listed, they didn't. We  
10 should have listed everyone who did.

11 Q. There was an edition that came out in  
12 2007; correct?

13 A. That was the first edition.

14 Q. And that's the excerpt that's sitting in  
15 front of you?

16 A. Yes.

17 Q. Then there was another edition that came  
18 out in 2012; correct?

19 A. Uh-huh.

20 Q. Did you seek funds for the second edition  
21 from Janssen?

22 A. I honestly don't remember. I think we  
23 didn't, but I don't know. I think you would know  
24 better than me. Again, it wasn't me seeking funds.  
25 It was the FSMB.

1 Q. I'm showing you what I marked as exhibit  
2 27.

3 MR. EHSAN: Twenty-eight.

4 (Exhibit 28 marked.)

5 MR. ROBINSON: Is this another exhibit?

6 MS. BALDWIN: Yeah, yeah, I'm sorry. I  
7 don't know where my copies went.

8 MR. OXLEY: What is the time?

9 THE VIDEOGRAPHER: Fifteen minutes  
10 remaining.

11 BY MS. BALDWIN:

12 Q. This e-mail is from Joshua Horwitz dated  
13 August 27, 2011; correct?

14 A. Yes.

15 Q. Is that the publisher of the book?

16 A. It's the -- yeah, the publisher, the  
17 packager, he put the book together.

18 Q. And the subject is "J&J's new ER opioid  
19 approved."

20 A. Uh-huh.

21 Q. It's sent to Lisa Robin and you are cc'd  
22 on this?

23 A. Yes.

24 Q. And Lisa Robin worked for the Federation  
25 of State Medical Board?

1 A. Correct.

2 Q. And the e-mail from Joshua states, "We're  
3 overdue to raise money from J&J. Lisa, do you have  
4 any contact there? Josh"; do you see that?

5 A. Yes.

6 Q. Do you recall if there was any efforts  
7 made to solicit funds for the book from J&J?

8 A. So, again, I don't have the --

9 MR. EHSAN: Object to form.

10 THE WITNESS: I'm sorry.

11 MR. EHSAN: Please go ahead.

12 THE WITNESS: I don't have the second  
13 edition in front of me, but I don't think we got  
14 money for the book from drug companies. I think  
15 this relates to the emerging FDA REMS and they --  
16 and the FDA was trying to put -- or the Federation  
17 of State Medical Boards was trying to put together  
18 a REMS program around responsible opioid  
19 prescribing, and we then used the book as the  
20 centerpiece and then expand a REMS education  
21 program and was working with different pharma  
22 groups who were in a group called, if I remember,  
23 it's like the Industry Work Group who were charged  
24 by the FDA to figure out how this REMS would roll  
25 out, and they would actually be the supporters of

1 it. So I think that this is -- I would guess that  
2 that's what this is about, but again, I'm not  
3 certain.

4 BY MS. BALDWIN:

5 Q. That work group was the IWG?

6 A. Industry Work Group.

7 Q. And the Industry Work Group, was Johnson &  
8 Johnson part of that Industry Work Group?

9 A. I don't know.

10 MR. EHSAN: Objection.

11 BY MS. BALDWIN:

12 Q. You do not know. All the pharmaceuticals  
13 companies --

14 A. All the pharmaceutical companies that made  
15 chronic opioid --

16 Q. -- were that part of the IWG?

17 A. Yes.

18 MR. EHSAN: Same objection.

19 BY MS. BALDWIN:

20 Q. Did you ever receive any payment for  
21 writing the book or any grant funds for authoring  
22 the book?

23 A. I did. I got -- I received initially -- I  
24 don't remember the exact details, but there was an  
25 initial grant for producing the book, and I don't

1 know which company did it, which company sponsored  
2 it or companies, but -- and I believe the money  
3 came from the FSMB to me as kind of the oversight  
4 for developing the framework for the book. Then,  
5 you know, for the first edition I did receive  
6 payments through the publisher because -- as part  
7 of monies that I was paid with this book and other  
8 books that I had done with the publisher. And I  
9 stopped getting money from the publisher around the  
10 second edition.

11 MS. BALDWIN: Could we just go off the  
12 record for a second?

13 THE VIDEOGRAPHER: Off the record at 4:07.

14 (Discussion held off the record.)

15 THE VIDEOGRAPHER: Back on the record, the  
16 time is 4:16.

17 BY MS. BALDWIN:

18 Q. So, Dr. Fishman, before we went off the  
19 record we were talking about any payments you  
20 received for authoring Responsible Opioid  
21 Prescribing. Do you know collectively how much  
22 approximately that you've made in writing that  
23 book?

24 MR. ROBINSON: Objection, form,  
25 foundation.

1 MR. EHSAN: Objection, form.

2 THE WITNESS: I don't know the exact  
3 amount.

4 BY MS. BALDWIN:

5 Q. Was the payment provided to you by -- who  
6 paid you to write the book; was it FSMB or another?

7 A. Payment came through the --

8 MR. ERCOLE: Objection to form.

9 THE WITNESS: And my payments came through  
10 the publisher, and I believe I was paid from FSMB  
11 through the early preparation of the project.  
12 Small amounts from the FSMB as just part of those  
13 projects for oversight.

14 BY MS. BALDWIN:

15 Q. And so those -- you don't have a range, if  
16 it was \$30,000 or --

17 A. I would estimate it's probably more like  
18 \$100,000 over the years.

19 Q. Over the years. That includes both  
20 editions?

21 A. Well, it includes the editions up until  
22 the time I said this was just -- it just seemed  
23 like when we wrote it, I didn't realize that we  
24 were going to be in this hotly contested public  
25 health crisis, and I just thought it would be best

1 if I didn't get paid anymore. So up until the time  
2 I stopped, I don't remember exactly when that was,  
3 I think it was at the second edition. So -- but  
4 they could have overlapped, but I don't know.

5 Q. You don't know whether the funds that you  
6 received from FSMB through the publisher originated  
7 from any of the grants that we went over?

8 A. I'm sure that the funds from the FSMB, I  
9 was part of those original staging grants, so there  
10 was some money from me just in my role as having  
11 some oversight of kind of the putting together the  
12 strategy for the book.

13 Q. So when FSMB requested -- strike that.

14 FSMB wrote grant proposals to, for  
15 example, Endo or Purdue, part of the proposal for  
16 the grant would include some form of payment for  
17 the author of the book; is that correct?

18 MR. ROBINSON: Objection, form.

19 MR. ERCOLE: Objection, form.

20 THE WITNESS: No, I don't think that's  
21 correct. When they wrote a grant for the -- prior  
22 to the book being written where they did some kind  
23 of -- so it was a very early grant, and I don't  
24 know how much it was. I don't think it was a big  
25 amount, I got some payment early on before I even

1 wrote the book from the FSMB, and I don't remember  
2 how much. I would estimate 5- to \$10,000 and  
3 that's it.

4 The other grants that they got I didn't  
5 have any role in, and the payment that I got for  
6 writing the book came through the publisher.

7 BY MS. BALDWIN:

8 Q. From FSMB?

9 A. Through the publisher, the Waterford Life  
10 Sciences, who sold the book.

11 Q. So the payments, were they based on sales  
12 from the book?

13 A. Yes, yes.

14 Q. Other than that small amount that you  
15 received initially --

16 A. Right.

17 Q. -- from writing the book at the beginning  
18 stage --

19 A. Correct.

20 Q. -- the money received for the book was  
21 from actual sales of the book?

22 A. Yes, I believe so.

23 Q. We discussed earlier that you were aware  
24 that Purdue pled guilty to felony misbranding in  
25 2007; correct?

1 A. Yes.

2 Q. You recall that. After 2007 you still  
3 received funding for the book from Purdue; is that  
4 correct?

5 MR. ROBINSON: Objection. You could  
6 answer.

7 THE WITNESS: I didn't receive funding,  
8 but Purdue helped fund the book.

9 BY MS. BALDWIN:

10 Q. Helped fund the book after that point?

11 A. Yeah.

12 Q. Did you ever go to Purdue at any time and  
13 says, you know, I don't feel comfortable taking  
14 money from you, or I don't want to collaborate with  
15 you at all because of your criminal activities?

16 A. No.

17 MR. ROBINSON: Objection.

18 THE WITNESS: No, I didn't.

19 BY MS. BALDWIN:

20 Q. Did any of the other funders of the book,  
21 like Cephalon or Endo, come to you at any point and  
22 say, If you are accepting any money from Purdue,  
23 whether indirectly or directly, we don't want to  
24 work with you because of or fund the book because  
25 of Purdue's criminal activities?

1 MR. OXLEY: Objection to form.

2 THE WITNESS: No.

3 BY MS. BALDWIN:

4 Q. Okay. And did any of those companies,  
5 Cephalon or Janssen, come to you via at one of the  
6 organizations that you worked for, like AAPM or APF  
7 or American Pain Society, and tell you that they no  
8 longer wanted to collaborate with you if you  
9 continued to take funding from Purdue because of  
10 Purdue's criminal activities?

11 MR. ERCOLE: Objection to form.

12 THE WITNESS: No.

13 BY MS. BALDWIN:

14 Q. Are you aware that Cephalon pled guilty to  
15 a crime of misbranding ACTIQ in 2008?

16 MR. ERCOLE: I do not.

17 THE WITNESS: I was not, I was not aware  
18 of it.

19 BY MS. BALDWIN:

20 Q. You were never aware of that?

21 A. (Witness shakes head.)

22 MS. REPORTER: Is that a no?

23 THE WITNESS: That's a no.

24 BY MS. BALDWIN:

25 Q. Well, I'll represent to you, and I have --

1 I'll just offer it as Exhibit 29, the Guilty Plea  
2 Agreement. And if you look at the -- that's not  
3 it.

4 (Exhibit 29 marked.)

5 MR. ERCOLE: Do you have one more copy?

6 MS. BALDWIN: Can you give that to him?

7 That's all I have. Sorry.

8 MR. ERCOLE: I mean, I want a copy of that  
9 exhibit if it's going to reference my client.

10 MS. BALDWIN: I'm sure you've seen it.  
11 It's the guilty plea.

12 MR. ERCOLE: I would like a copy of the  
13 guilty you are going to --

14 MS. BALDWIN: Okay. I will make a copy  
15 for you when I'm done.

16 MR. ERCOLE: I would like -- we took a  
17 break before to make a copy. I would like to do  
18 the same here so the record is clear.

19 MR. ROBINSON: Here, take this copy.

20 BY MS. BALDWIN:

21 Q. Dr. Fishman, this is a public document;  
22 correct? It's a guilty -- it's a United States of  
23 America versus Cephalon Guilty Plea Agreement;  
24 correct?

25 MR. ERCOLE: Objection to form.

1 THE WITNESS: That is what it says.

2 MR. ERCOLE: Lack of foundation.

3 BY MS. BALDWIN:

4 Q. Could you turn to --

5 MR. ROBINSON: Wait, wait, wait a second.

6 MS. BALDWIN: Is that the wrong document?

7 MR. ROBINSON: I mean, you just defined  
8 it.

9 THE WITNESS: It's the same, these are two  
10 copies of the same.

11 MS. BALDWIN: It's the Guilty Plea  
12 Agreement.

13 MR. ROBINSON: That's the extra copy.

14 MS. BALDWIN: That's a mistake. Someone  
15 put this in my folder. It's not the guilty plea.  
16 This is the exhibit for him.

17 MR. ROBINSON: That wasn't another copy of  
18 the same document?

19 MS. BALDWIN: No. Someone just put that  
20 in there, it's different.

21 THE WITNESS: It says the same criminal  
22 number.

23 MS. BALDWIN: It does. It's titled  
24 differently.

25 MR. ROBINSON: No, it's titled the same as

1 what you gave him. I don't know what you are  
2 reading when you said guilty.

3 MS. BALDWIN: Mine's different.

4 MR. ROBINSON: Exactly, that's the point  
5 I'm making. When you said guilty plea, that's not  
6 the document he had. I don't know what that was.

7 MR. ZAKRZEWSKI: This one looks like the  
8 one she's holding, but then these two look  
9 different.

10 THE WITNESS: Do you want this back?

11 BY MS. BALDWIN:

12 Q. No, you could use that.

13 MS. BALDWIN: Can one of you just please  
14 give me one of those copies?

15 MR. EHSAN: Just so the record is clear,  
16 what is Exhibit 29?

17 MS. BALDWIN: It is the guilty plea, it's  
18 just that I have a different version. I have a  
19 different --

20 MR. ROBINSON: No, no, no, no, no. I'm  
21 going to be clear about this for our record.

22 MR. EHSAN: Thank you.

23 MR. ROBINSON: Exhibit 29 is titled  
24 "Government's Memorandum for Entry of Plea and  
25 Sentencing" in the United States of America v.

1 Cephalon matter pending in the Eastern District of  
2 Pennsylvania. That is a the title of this document  
3 which has been marked as Exhibit 29, so I will give  
4 you that back.

5 MS. BALDWIN: Thank you.

6 MR. ERCOLE: I mean, I'm going to object.  
7 Can we -- we need -- I need a copy of the document  
8 so that I could understand what's going on.

9 BY MS. BALDWIN:

10 Q. Sir, can you please turn to Page 4, Dr.  
11 Fishman.

12 MR. ERCOLE: I'm going to object and ask  
13 if we could make a copy of the document like we've  
14 done before when counsel didn't provide enough  
15 copies.

16 BY MS. BALDWIN:

17 Q. Can you please turn to Page 4 of the  
18 documentation.

19 MR. ERCOLE: I'm going to object to this  
20 entire line of questioning.

21 MS. BALDWIN: Yeah, I took your copy back.

22 MR. ROBINSON: No, that's the other  
23 document.

24 MR. ERCOLE: At a minimum, to create some  
25 consistency and clarity of the record, could we at

1 least pause so that the appropriate document could  
2 be marked and copied?

3 MS. BALDWIN: Let's go off the record for  
4 a minute.

5 THE VIDEOGRAPHER: Off the record at 4:25.  
6 (Discussion held off the record.)

7 THE VIDEOGRAPHER: Back on the record, at  
8 4:28. This is the end of Disc 3, off the record at  
9 4:28.

10 (Recess taken.)

11 MS. REPORTER: So who is ordering  
12 transcripts today?

13 MR. EHSAN: We have a standing order.

14 MR. ROBINSON: We don't have a standing  
15 order, but we will want a transcript.

16 MS. REPORTER: Does that mean the two-day  
17 expedite?

18 MR. EHSAN: I don't know about a standing  
19 order, but yes, we want a two-day expedite.

20 MS. CHURCHMAN: Yes.

21 THE VIDEOGRAPHER: This is the start of  
22 Disc 4. Back on the record at 4:35.

23 BY MS. BALDWIN:

24 Q. Dr. Fishman, I'm going to hand you what I  
25 marked as Plaintiff's Exhibit 30.

1 (Exhibit 30 marked.)

2 BY MS. BALDWIN:

3 Q. Plaintiff's Exhibit 30 is the Guilty Plea  
4 Agreement in the case United States of America  
5 versus Cephalon, Inc.; is that correct?

6 MR. ERCOLE: Objection to form, lack of  
7 foundation.

8 THE WITNESS: I don't see that on here,  
9 but yes, I accept your representation of that.

10 BY MS. BALDWIN:

11 Q. If you turn to -- well, if you read the  
12 first sentence, it says, "Under Federal Rule of  
13 Civil Procedure 11(c)(1)(C), the government, the  
14 defendant Cephalon, Inc., (hereinafter 'Cephalon'),  
15 and Cephalon's counsel enter into the following  
16 Guilty Plea Agreement." Have I read that  
17 correctly?

18 MR. ERCOLE: Objection to form.

19 THE WITNESS: Yes.

20 BY MS. BALDWIN:

21 Q. Do you see Subsection 8?

22 A. Yes.

23 Q. It states, "Between January 2001 and  
24 October 1, 2001, Cephalon promoted ACTIQ for uses  
25 not approved by the FDA, including for non-cancer

1 pain uses, such as injuries and migraines.  
2 Cephalon's promotion of ACTIQ for the additional  
3 intended uses violated 21 USC Section 352(f)(1)  
4 because ACTIQ's labeling did not bear adequate  
5 directions for each of the drug's intended uses."  
6 Did I read that correctly?

7 A. You did.

8 MR. ERCOLE: Objection to form.

9 BY MS. BALDWIN:

10 Q. Until today, you had no knowledge that  
11 Cephalon entered into this guilty plea?

12 A. Not that I recall.

13 MR. ERCOLE: Objection to form.

14 BY MS. BALDWIN:

15 Q. Did Purdue ever come to you at anytime and  
16 say they didn't want to work with you in the future  
17 if you continued to work with Cephalon because of  
18 its criminal activities?

19 MR. ERCOLE: Objection to form.

20 THE WITNESS: No.

21 BY MS. BALDWIN:

22 Q. Did Purdue ever go to the APF or the AAPM  
23 or APS and say they didn't want to work with those  
24 organizations if those organizations worked with  
25 Cephalon due to Cephalon's criminal activities?

1 A. Not that I know of.

2 MR. ROBINSON: Objection to form.

3 MR. EHSAN: Objection.

4 BY MS. BALDWIN:

5 Q. Do you ever recall Janssen or Johnson &  
6 Johnson coming to you and saying that they didn't  
7 want to do any work with you or any of -- or the  
8 APS, AAPM or APF if you were or those organizations  
9 were working with Cephalon because of Cephalon's  
10 criminal activities?

11 MR. EHSAN: Object to form.

12 THE WITNESS: Not that I know of.

13 BY MS. BALDWIN:

14 Q. Now, the pharmaceutical companies,  
15 including opioid manufacturers, that sponsored or  
16 supported, provided funding for Responsible Opioid  
17 Prescribing, some of them edited the book before it  
18 was published; correct?

19 MR. ERCOLE: Objection to form.

20 MR. ROBINSON: Objection, form,  
21 foundation.

22 THE WITNESS: The only person in the  
23 pharmaceutical company that had, I think, edited  
24 the book was David Haddox of Purdue, who was a  
25 colleague. And like many, many colleagues that I

1 sent versions of the book to to get feedback, he  
2 was one of them.

3 BY MS. BALDWIN:

4 Q. And David Haddox did a line-by-line review  
5 of the book?

6 A. Again, it was a long time ago. I don't  
7 remember exactly, other than what I recall is that  
8 he did a very precise edit of the grammar, more  
9 than the content. I was interested in his feedback  
10 on the way that I represented some of the concepts  
11 that he was integral in developing and had a lot of  
12 knowledge of. My sense was that he didn't want to  
13 get into that.

14 Q. I'm sorry, I interrupted you. So is it  
15 your testimony that his edits were mostly grammar?

16 A. Mostly grammar from what I recall.

17 Q. Did he edit of the content, specific  
18 content, substantive suggestions?

19 A. You know, I don't recall. Again, I don't  
20 recall that he had -- that he had anything  
21 controversial or really material to offer other  
22 than, you know, he caught a lot of little errors in  
23 grammar.

24 Q. I'm going to show you what I marked as  
25 Exhibit 31.

1 (Exhibit 31 marked.)

2 BY MS. BALDWIN:

3 Q. I'll represent to you Exhibit 31 was  
4 produced to the State in this litigation by Purdue.  
5 Does this look like an Incident Report against  
6 David Haddox regarding the editing of your book?

7 MR. OXLEY: Objection, foundation.

8 MR. ROBINSON: Objection, form,  
9 foundation.

10 THE WITNESS: I'm trying to figure. It  
11 does look like an Incident Report.

12 BY MS. BALDWIN:

13 Q. A Purdue Incident Report; correct?

14 A. Yes.

15 Q. The incident description says, "During a  
16 discussion of objectives at a recent staff meeting  
17 with his direct report, supervisor allegedly made a  
18 statement that he had edited 'line by line' a text  
19 on pain that was authored by Dr. Scott Fishman.  
20 Supervisor implied that it was a 'off the record'  
21 review of the book and that the editing was not  
22 included in his objectives.

23 "The book is currently being distributed  
24 to healthcare practitioners in multiple states by  
25 the Federation of State Medical Boards. This

1 distribution is partially supported by a \$10,000  
2 grant from Purdue made in 2007.

3 "The FSMB has asked for additional funding  
4 from Purdue in 2008 and beyond to support this  
5 initiative. Caller raised this issue with M. Feltz  
6 as presenting a potential conflict of interest."  
7 Did I read that correctly?

8 A. Yes.

9 Q. Do you disagree in any way with what's  
10 recited here in the report that Dr. Haddox did a  
11 quote "off the record," quote "line-by-line" review  
12 of your book before it was published?

13 MR. OXLEY: Objection, form.

14 THE WITNESS: I'm not sure what "off the  
15 record" means. Again, if I really thought it  
16 through, I probably wouldn't have sent him a copy,  
17 a draft, but I thought of Dave Haddox as a  
18 colleague, that's someone I had worked with in my  
19 early career who provided some mentorship for me  
20 early in my career, and I sent it to him with that  
21 idea in mind. I think if he had come back with  
22 substantive changes I didn't agree with, I wouldn't  
23 have accepted them, but again, I sent copies -- I  
24 sent copies or drafts of the book to people, you  
25 know, in the office of the National Drug Control

1 Policy and the DEA, to people at HHS, to other  
2 people, to other colleagues who -- you know, again,  
3 I wanted input. And you could you see there was an  
4 advisory board for the book as well and they all  
5 reviewed drafts of the book as well, so I had a lot  
6 of people look at it. I wanted to make sure that  
7 it was correct and from really all perspectives.

8 And I felt very good when we published  
9 this book. This book was initially supposed to be  
10 titled Pharmacovigilance. It was completely  
11 focused on the need for greater vigilance and  
12 safety with using these drugs. So I felt very good  
13 at the end of the day that we had accomplished  
14 that, but I wanted to just make sure and see if,  
15 you know, any objectors could voice objections for  
16 me that I might be able to fix in advance if I  
17 thought they had merit. So that was the reason  
18 that I sent it to Haddox.

19 Q. And the book, the edition that we looked  
20 at, and I don't believe any other edition doesn't  
21 disclose that Dr. Haddox did a line-by-line edit of  
22 the book; does it?

23 MR. ERCOLE: Objection, form.

24 THE WITNESS: Again, no, nor does it  
25 disclose that I showed copies to a lot of different

1 people like, you know, Chris Jones at the  
2 Whitehouse office of the National Drug Control  
3 Policy reviewed the book and other people.

4 Again, it's my independent work. They  
5 weren't in any kind of formal role. So I guess it  
6 was an off the record -- I would say it was  
7 informal, but, you know, again, when he says "line  
8 by line," I'm not sure -- it wasn't offered to him  
9 to do a line-by-line edit of the grammar, but  
10 that's kind of what he chose to do. It was almost  
11 like sending a paper to an English teacher and  
12 that's what came back, as opposed to content that I  
13 used to change any messaging in the book.

14 BY MS. BALDWIN:

15 Q. But you can't recall if the line-by-line  
16 changes included some substance -- some substantive  
17 changes?

18 MR. ROBINSON: Objection, form, asked and  
19 answered, foundation, go ahead.

20 THE WITNESS: I don't recall that it did.  
21 You know, I recall that he caught me that I said,  
22 you know, "National Institute of Health" instead of  
23 "National Institutes of Health," that was the one  
24 that I remembered particularly that -- you know,  
25 that's his eye for things, and I think he felt like

1 that was -- that was the way for him to make a  
2 contribution, as opposed to offering anything on  
3 the content. I remember thinking there wasn't much  
4 here.

5 BY MS. BALDWIN:

6 Q. So you just don't recall fully one way or  
7 the other?

8 A. I don't recall fully.

9 MR. ROBINSON: Objection, asked and  
10 answered.

11 MS. BALDWIN: I'll pass the witness.

12 MR. ERCOLE: Can we go off the record?

13 (Discussion held off the record.)

14 THE VIDEOGRAPHER: Back on the record, the  
15 time is 5 p.m.

16 EXAMINATION

17 BY MR. ERCOLE:

18 Q. Good late afternoon or good evening,  
19 Doctor. My name is Brian Ercole. I represent a  
20 couple of the Defendants in this particular case,  
21 Teva Pharmaceuticals, USA; Cephalon, Inc.; Watson  
22 Laboratories, Actavis, LLC and Actavis Pharma,  
23 Inc..

24 You've talked today about work you've done  
25 in the pain management space; is that correct?

1 MS. BALDWIN: Objection, leading.

2 THE WITNESS: Yes.

3 BY MR. ERCOLE:

4 Q. And you referred to that type of work as  
5 education; is that fair to say?

6 MS. BALDWIN: Objection, leading.

7 THE WITNESS: Yeah, a lot of my work has  
8 been in education.

9 BY MR. ERCOLE:

10 Q. And before today, have we ever met before?

11 A. Not that I know of.

12 Q. And with respect to the education you've  
13 done in the pain management space, that has  
14 included articles that you've written; correct?

15 MS. BALDWIN: Objection, leading.

16 THE WITNESS: Yes.

17 BY MR. ERCOLE:

18 Q. And it's included books that you've  
19 written; is that fair to say?

20 MS. BALDWIN: Objection, leading.

21 THE WITNESS: Yes.

22 BY MR. ERCOLE:

23 Q. And CME presentations that you've done?

24 MS. BALDWIN: Objection, leading.

25 THE WITNESS: Yes.

1 BY MR. ERCOLE:

2 Q. And it's included other types of  
3 educational programs; is that fair to say?

4 MS. BALDWIN: Objection, leading.

5 THE WITNESS: Yes.

6 BY MR. ERCOLE:

7 Q. With respect to all of that work, is it  
8 fair to say that's work that you independently  
9 created?

10 MS. BALDWIN: Objection, leading.

11 THE WITNESS: Yes.

12 BY MR. ERCOLE:

13 Q. And the views expressed in that  
14 educational work that you've done have always been  
15 your independent views; correct?

16 MS. BALDWIN: Objection, leading.

17 THE WITNESS: Correct.

18 BY MR. ERCOLE:

19 Q. And I think you, in fact, used the phrase  
20 independent work, is that right, earlier today?

21 MS. BALDWIN: Objection, leading.

22 THE WITNESS: I did.

23 BY MR. ERCOLE:

24 Q. When you say "independent work," what did  
25 you mean by that exactly?

1           A.     That the basis of my teachings and my  
2     writing or from my understanding and my thought  
3     process and my experiences assimilated within me  
4     and not anyone else's.

5           Q.     And is it fair to say that -- is it fair  
6     to say the work you're referring to would have been  
7     created independent from pharmaceutical companies,  
8     for instance?

9           MS. BALDWIN:  Objection, leading.

10          THE WITNESS:  I believe that my work has  
11     been independent of the interactions that I've had  
12     with pharmaceutical companies.

13     BY MR. ERCOLE:

14          Q.     And pharmaceutical companies have never  
15     controlled your opinions; have they?

16          MS. BALDWIN:  Objection, leading.

17          THE WITNESS:  Not to my knowledge.

18     BY MR. ERCOLE:

19          Q.     Sitting here today you can't identify any  
20     instance where a pharmaceutical company somehow  
21     controlled an opinion you've given to a particular  
22     pain-management-related issue; is that fair to say?

23          MS. BALDWIN:  Objection, leading.

24          THE WITNESS:  I think that's true.

25

1 BY MR. ERCOLE:

2 Q. And in the work you've done in the pain  
3 management space, has it always been your intent to  
4 provide fair and balanced presentation of the  
5 issues that you talk about or discuss?

6 MS. BALDWIN: Objection, leading.

7 THE WITNESS: Absolutely.

8 BY MR. ERCOLE:

9 Q. With respect to the work you've done in  
10 the pain management space, you used the word  
11 "pharmacovigilance"; did I pronounce that  
12 correctly?

13 A. Pharmacovigilance, the original title of  
14 the Responsible Opioid Prescribing book.

15 Q. What is pharmacovigilance?

16 A. It's basically using drugs with heightened  
17 care and concern about risks.

18 Q. With respect to the work you've done in  
19 the pain management space, has that work touched  
20 upon or involved issues of pharmacovigilance?

21 A. Yes.

22 Q. And has it -- has your work in the pain  
23 management space involved issues of -- strike that.

24 Has your work in the pain management space  
25 involved education about the risks of opioids?

1 A. Yes.

2 Q. Has it involved discussion of the risk of  
3 addiction, for instance, associated with opioids?

4 MS. BALDWIN: Objection, leading.

5 THE WITNESS: Yes.

6 BY MR. ERCOLE:

7 Q. Has it involved discussions or  
8 presentations about the risk of misuse of opioids?

9 MS. BALDWIN: Objection, leading.

10 THE WITNESS: Yes.

11 BY MR. ERCOLE:

12 Q. Has it involved discussions or  
13 presentations about the risks of diversion  
14 associated with opioids?

15 MS. BALDWIN: Objection, leading.

16 THE WITNESS: Yes.

17 BY MR. ERCOLE:

18 Q. And from your perspective, the intent of  
19 that work was always to educate physicians about  
20 the risks associated with opioids; is that fair to  
21 say?

22 MS. BALDWIN: Objection, leading.

23 THE WITNESS: The intent was to help  
24 clinicians come to a understanding of how to use  
25 treatments for pain in the best interests of their

1 patients, which requires balancing risks and  
2 benefits.

3 BY MR. ERCOLE:

4 Q. That would include, for instance,  
5 responsible opioid prescribing, for instance;  
6 correct?

7 MS. BALDWIN: Objection, leading.

8 THE WITNESS: Absolutely.

9 BY MR. ERCOLE:

10 Q. Pharmaceutical companies, as we've seen  
11 today, have sponsored some of the presentations  
12 that you've given; correct?

13 MS. BALDWIN: Objection, leading.

14 THE WITNESS: Yes.

15 BY MR. ERCOLE:

16 Q. But those presentations --

17 THE WITNESS: Indirectly.

18 BY MR. ERCOLE:

19 Q. Indirectly; correct?

20 MS. BALDWIN: Objection, leading.

21 THE WITNESS: Correct.

22 BY MR. ERCOLE:

23 Q. You objected to before when the State was  
24 trying to say you spoke on behalf of pharmaceutical  
25 companies, you said that wasn't correct; is that

1 fair, I don't want to misstate anything?

2 MS. BALDWIN: Objection, leading,  
3 misstates testimony.

4 THE WITNESS: Definitely correct.

5 BY MR. ERCOLE:

6 Q. When you say "definitely correct," what do  
7 you mean by that?

8 MS. BALDWIN: Objection.

9 THE WITNESS: I don't recall a time that I  
10 spoke for pharmaceutical companies, that I worked  
11 for pharmaceutical companies and represented them.  
12 Pharmaceutical companies may have supported the  
13 programs that I participated in, but my  
14 participation was my independent work and my  
15 independent thoughts.

16 BY MR. ERCOLE:

17 Q. Some of those programs that were supported  
18 by pharmaceutical companies involved programs about  
19 the risks of opioids; correct?

20 A. Yes.

21 Q. And some of those programs supported by  
22 pharmaceutical companies involved programs about  
23 responsible opioid prescribing; correct?

24 MS. BALDWIN: Objection, leading.

25 THE WITNESS: Yes.

1 BY MR. ERCOLE:

2 Q. And some of those programs sponsored by  
3 pharmaceutical companies involved programs about  
4 the risks of addiction associated with opioids;  
5 correct?

6 MS. BALDWIN: Objection, leading.

7 THE WITNESS: Yes.

8 BY MR. ERCOLE:

9 Q. And some of those programs that we've been  
10 talking about that were supported indirectly by  
11 pharmaceutical companies involved programs about  
12 the risks of diversion of opioids; correct?

13 MS. BALDWIN: Objection, leading.

14 THE WITNESS: Correct.

15 BY MR. ERCOLE:

16 Q. Did pharmaceutical companies, including  
17 any of the Defendants here, ever control the  
18 content of any publication or speech that you've  
19 ever been involved with?

20 MS. BALDWIN: Objection.

21 THE WITNESS: Not that I know of.

22 BY MR. ERCOLE:

23 Q. We've referred to the -- strike that.

24 Have you ever heard of the acronym CME?

25 A. Yes.

1 Q. What is a CME?

2 A. Continuing Medical Education, which is  
3 credit that's required to maintain a state medical  
4 license.

5 Q. And we'll get into some of those issues  
6 before, but you've provided CME presentations about  
7 opioids; correct?

8 A. Yes.

9 MS. BALDWIN: Objection, leading.

10 BY MR. ERCOLE:

11 Q. Have you also provided CME presentations  
12 about nonopioids?

13 A. Yes.

14 Q. And were some of those CME presentations  
15 about nonopioids also sponsored by pharmaceutical  
16 company?

17 MS. BALDWIN: Objection, leading.

18 THE WITNESS: Yes, if you -- if I can  
19 expand.

20 BY MR. ERCOLE:

21 Q. Please.

22 A. The thing about CME programs is that they  
23 should be -- the speaker and the content by rule  
24 should be separated from any funders. So I often  
25 have no idea who's funding a CME program that I

1 will give regardless of what the topic is.

2 Q. And to the best of your knowledge, that  
3 level of independence that you just described with  
4 respect to CMEs has always existed with respect to  
5 any of the articles or publications that you've  
6 presented?

7 A. It didn't always --

8 MS. BALDWIN: Sorry to interrupt, if you  
9 could just wait.

10 THE WITNESS: I'm sorry.

11 MS. BALDWIN: Objection, leading.

12 THE WITNESS: Did you want -- I'm sorry,  
13 I'll try to remember.

14 It didn't always exist, and it's evolved  
15 over my career, from when I started there was  
16 nothing. There really were very few lines, and  
17 there was a blurred overlap of pharmaceutical  
18 companies, middle managing, kind of media companies  
19 and speakers and academics who were teaching and  
20 sharing information together in a way that wouldn't  
21 be acceptable today. So over the past, you know,  
22 25, 30 years, I've seen this evolution where we are  
23 in a better place, but we are still in a very  
24 flawed place today.

25

1 BY MR. ERCOLE:

2 Q. Okay. I'm just asking about with respect  
3 to the CME presentations that you've provided,  
4 okay. Is it fair to say the CME presentations that  
5 you've provided, have always reflected your  
6 independent opinions?

7 MS. BALDWIN: Objection to form.

8 THE WITNESS: Yes, I think it's been  
9 easier as times have changed to maintain that, but  
10 yes, I think that they've always -- they've always  
11 reflected my independent beliefs. Even early in my  
12 career I remember pharmaceutical companies coming  
13 up to me after my talks and saying they didn't  
14 agree with me and challenging some of the things  
15 that I've said.

16 BY MR. ERCOLE:

17 Q. And is it fair to say that if you  
18 disagreed with anything that a pharmaceutical  
19 company may have asked of you with respect to a  
20 presentation, that you would have said, "I'm not  
21 going to include that in my presentation"?

22 MS. BALDWIN: Objection, leading.

23 THE WITNESS: Correct.

24 BY MR. ERCOLE:

25 Q. I think you mentioned now and you also

1 mentioned earlier, it was your belief in some  
2 instances pharmaceutical companies may not like  
3 some of your opinions regarding opioids; is that  
4 correct?

5 MS. BALDWIN: Objection, leading.

6 THE WITNESS: Well, I think at some times.

7 You know, my overall opinion is that I've  
8 never been a proponent of opioids. I've not been  
9 an opponent of them. You know, I don't think  
10 anybody should be for or against them. Personally,  
11 I think we should be for them when the benefits  
12 outweigh the risks, and against them otherwise.  
13 Sometimes people have different views on, you know,  
14 when that is and isn't. But I've always been  
15 clear, that's -- that's where I take a stand, that  
16 opioids are just one tool, and they've been  
17 excessively used because we've lost sight of that  
18 risk benefit analysis largely because we -- the big  
19 "we," you know, the education hasn't been there,  
20 and other things have happened to drive this.

21 But in my presentations I feel like I've  
22 always anchored in exactly that position, that you  
23 need to understand the risks and the benefits to  
24 know whether a treatment's appropriate, and if you  
25 do that, you won't have used opioids like people

1 used them before.

2 We didn't use them excessively in my  
3 practice, and we rarely use them at very high  
4 doses. So that's a long-winded yes.

5 You know, I think when I present, that  
6 would be the basis that I would come from, and no  
7 one would shift me, and some people disagreed with  
8 my positions and other people agreed.

9 In the long run, I believe that the work  
10 that I did would be embraced by pharmaceutical  
11 companies, because in the long run, pharmaceutical  
12 companies wouldn't have successful products unless  
13 they were used safely.

14 BY MR. ERCOLE:

15 Q. In fact, pharmaceutical companies did  
16 sponsor, indirectly at least, presentations that  
17 you've given on these very topics; correct?

18 MS. BALDWIN: Objection, leading.

19 THE WITNESS: I would say they sponsored  
20 the book Responsible Opioid Prescribing, which if  
21 you really read it, is basically a book that says  
22 be careful.

23 BY MR. ERCOLE:

24 Q. It's a book to physicians saying be  
25 careful, these are the risks associated with

1       opioids potentially; correct?

2           A.     This is a dangerous group of drugs that we  
3       have to use carefully or we'll use the right to use  
4       them, which is something I say in the book.

5           Q.     And the book you're referring to is  
6       Responsible Opioid Prescribing; is that correct?

7           A.     Correct.

8           Q.     Just we heard a lot of -- we'll get into  
9       some of the content of that book a little bit  
10      later, but we had a lot of questions about  
11      Responsible Opioid Prescribing. Just to clarify,  
12      the opinions expressed in that book are your  
13      independent opinions and your independent opinions  
14      only; correct?

15           MS. BALDWIN: Objection, leading.

16           THE WITNESS: They're my independent  
17      opinions, but with that said, I wrote the book as a  
18      commissioned production for the Federation of State  
19      Medical Boards to articulate what I thought was an  
20      important -- were important guiding principles from  
21      the model policy, which gave medical boards  
22      guidance on how to investigate physicians if they  
23      were called out for their prescribing. Does that  
24      make sense?

25           So with that, that was really my

1 framework, and I built it -- I built the  
2 Responsible Opioid Prescribing case out from there.

3 BY MR. ERCOLE:

4 Q. Understand, and we'll get into some of  
5 these topics a little bit later, but at least with  
6 respect to the views expressed in Responsible  
7 Opioid Prescribing, the book that you authored, is  
8 it fair to say that those views were developed by  
9 you independent from any pharmaceutical company  
10 influence?

11 MS. BALDWIN: Objection, leading.

12 THE WITNESS: Independent of any direct  
13 influence. Again, it's all an amalgamation of all  
14 the experiences and thoughts and ideas that I've  
15 had, but they were in my independent views.

16 BY MR. ERCOLE:

17 Q. And the book reflects your independent  
18 views; correct?

19 A. Correct.

20 MS. BALDWIN: Objection, leading.

21 THE WITNESS: I would say the book is  
22 consistent with my views throughout, throughout its  
23 evolution of editions.

24 BY MR. ERCOLE:

25 Q. There have been -- with respect to that

1 book and again we'll get into this a little bit, is  
2 it fair to say there have been two editions?

3 A. There have been three editions. The first  
4 two were called First and Second Edition. The  
5 third was called the Second Edition Expanded.

6 Q. Dr. Fishman, you understand this case was  
7 brought by the -- strike that. Let me go back.

8 You mentioned before that you have no  
9 direct knowledge, and I don't want to misquote you,  
10 but this is what I wrote down. You have no direct  
11 knowledge of how any company in this case marketed  
12 its drugs. Do you recall saying that?

13 MS. BALDWIN: Objection, leading.

14 THE WITNESS: Yes.

15 BY MR. ERCOLE:

16 Q. And is that accurate?

17 A. Yes.

18 Q. You understand that this case is -- strike  
19 that.

20 With respect to your reference to drugs,  
21 that would include opioid medicines; correct?

22 MS. BALDWIN: Objection.

23 THE WITNESS: Correct.

24 BY MR. ERCOLE:

25 Q. You understand this case is brought by the

1 State of Oklahoma?

2 A. I do.

3 Q. Have you ever been licensed to practice  
4 medicine in Oklahoma?

5 A. No.

6 Q. Have you ever practiced medicine in  
7 Oklahoma?

8 A. No.

9 Q. Do you know whether you've treated  
10 patients in Oklahoma?

11 A. To the best of my knowledge, I've never  
12 treated. I don't know if I've -- I've driven  
13 through Oklahoma. I don't know that if I stopped  
14 and set foot in the state, but I've driven through.

15 Q. Okay. Are you aware of any marketing done  
16 by any of the Defendants in this case in Oklahoma?

17 A. No.

18 Q. Are you aware of any promotional materials  
19 disseminated by any of the Defendants in this  
20 particular case in Oklahoma?

21 A. I'm not.

22 Q. And the state didn't show you anything  
23 like that; did it?

24 A. No.

25 Q. And in fact, the State in its examination

1 of you didn't even show you any of your -- the  
2 content of any of your publications; correct?

3 MS. BALDWIN: Object to form.

4 THE WITNESS: I believe they provided some  
5 content from my book Responsible Opioid  
6 Prescribing.

7 BY MR. ERCOLE:

8 Q. Do you remember, it was they provided some  
9 excerpts of that; correct?

10 A. Copies of the early pages in the book.

11 Q. Sure. They never asked you any questions  
12 about the content of that book; did they?

13 MS. BALDWIN: Object to form.

14 THE WITNESS: I guess they didn't.

15 BY MR. ERCOLE:

16 Q. Doctor, are you aware of any false  
17 statements made by -- strike that.

18 Do you understand that this is a false  
19 marketing case that's brought by the State of  
20 Oklahoma against various Defendants?

21 A. I'm not.

22 Q. Are you aware of any false statements made  
23 by any of the Defendants in this case in the State  
24 of Oklahoma?

25 A. I'm not.

1 Q. Are you aware of any misleading statements  
2 by the Defendants in this case in the State of  
3 Oklahoma?

4 A. No.

5 Q. You are not an expert on anything taking  
6 place in Oklahoma; correct?

7 A. That is correct.

8 Q. Can you take a look at what's been marked  
9 as Exhibit 1, which I believe is your CV, Doctor.  
10 Do you see that?

11 A. Yes.

12 Q. Your CV reflects that you are Board  
13 Certified in a number of different areas; is that  
14 correct?

15 A. Yes.

16 Q. And can you just tell us what your -- what  
17 areas you are Board Certified in?

18 A. Well, I'm currently Board Certified in  
19 psychiatry and pain medicine and palliative care  
20 and hospice medicine. I was Board Certified in  
21 internal medicine and didn't continue to maintain  
22 that certification because I don't practice in that  
23 area.

24 Q. In addition to teaching -- strike that.  
25 Do you teach medicine?

1 A. Yes.

2 Q. And how long have you taught medicine for?

3 A. 25 to 30 years.

4 Q. Has that differed as to where you've  
5 taught medicine?

6 A. Has it -- well, probably about 25 and it's  
7 between here and Harvard University, Harvard  
8 Medical School.

9 Q. During that time period, did you also  
10 treat patients as a practicing physician?

11 A. Yes.

12 Q. Do you still continue to treat patients?

13 A. Yes.

14 Q. And during that time period have you  
15 treated patients for pain management related  
16 issues?

17 A. Yes, in fact, that's my -- that's been my  
18 focus throughout.

19 Q. And when you say "throughout," how long  
20 has that been your focus?

21 A. Well, I'm looking here, I graduated  
22 medical school in 1990, so that's 29 years ago, and  
23 I think three years after that I started my pain  
24 fellowship. So I don't know, 15 years -- 20 --  
25 excuse me, 25 years.

1 Q. So about since say 1993 or so?

2 A. Correct.

3 Q. I'm not asking you an exact number, but  
4 since that time, do you have a sense of sort of how  
5 many pain management -- excuse me, how many  
6 patients you've treated for pain-management-related  
7 issues as a practicing physician on a weekly basis?

8 A. Well, it's varied on a weekly basis. I  
9 don't know if it's acceptable, but just I've  
10 treated thousands of patients over the years.

11 Q. Have you prescribed opioids for those  
12 patients?

13 A. For some.

14 Q. Yes. Have you prescribed long-acting  
15 opioids for some patients?

16 A. Again, for some.

17 Q. And have you provided -- prescribed  
18 short-acting opioids for some patients?

19 A. Yes.

20 Q. And have you prescribed opioids for  
21 noncancer pain?

22 A. Yes.

23 Q. And have you prescribed opioids for  
24 chronic pain?

25 A. Yes.

1 Q. Do you still prescribe opioids today?

2 A. I do.

3 Q. Is it fair to say that as a -- as the sort  
4 of trained medical professional, you are the person  
5 responsible for making a prescribing decision with  
6 respect to any particular patient?

7 A. It's true in respect to my patients.

8 Q. All I'm asking is about your patients; is  
9 that true?

10 A. Yes, if it's my patient, it's my decision.

11 Q. You have the responsibility for making  
12 that decision; correct?

13 A. Yes.

14 Q. You have -- as a trained medical  
15 professional, you have the obligation to exercise  
16 your independent medical judgment in making that  
17 prescribing decision; is that fair to say?

18 MS. BALDWIN: Objection, leading.

19 THE WITNESS: Yes.

20 BY MR. ERCOLE:

21 Q. With respect to prescriptions of opioids  
22 that you've written, have you always exercised your  
23 own independent medical judgment in deciding to  
24 prescribe that opioid for a particular patient?

25 A. Yes.

1 Q. Is it important for prescribers to  
2 exercise their own independent medical judgment  
3 when making a prescribing decision regarding  
4 opioids?

5 MS. BALDWIN: Objection to form.

6 THE WITNESS: It's not only important,  
7 it's -- it would be beneath the standard of care to  
8 do otherwise.

9 BY MR. ERCOLE:

10 Q. And with respect to your practice, have  
11 you ever -- strike that.

12 With respect to your pain management  
13 practice, have you ever interacted with  
14 pharmaceutical representatives who have come to  
15 your practice?

16 A. Yes.

17 Q. Did those -- did some of those  
18 pharmaceutical representatives ever detail you  
19 about particular medicines?

20 A. Yes.

21 Q. And in writing opioid prescription, did  
22 you ever rely blindly on anything a pharmaceutical  
23 representative might say about a particular product  
24 in that type of situation?

25 MS. BALDWIN: Object to form.

1 THE WITNESS: No.

2 BY MR. ERCOLE:

3 Q. Is it fair to say it would be beneath the  
4 standard of care to rely blindly on what a  
5 pharmaceutical representative might say to a  
6 particular physician at a particular time?

7 MS. BALDWIN: Object to form.

8 THE WITNESS: Sorry.

9 MS. BALDWIN: Objection to form.

10 THE WITNESS: I think that's a difficult  
11 question to answer because there are some  
12 circumstances where a industry representative might  
13 actually have the most critical information about  
14 delivering a drug, or in modern times today, on  
15 implanting a medical device, et cetera. So you  
16 can't say always, but we have to be very, very  
17 careful, you know, walking that road and that line,  
18 and I don't know that I've ever been in that line  
19 where I've needed an industry representative to  
20 help me.

21 But I know that right now in every  
22 hospital in America we're using new technologies  
23 that we have no experience with, and unless we have  
24 industry partners who are experienced because they  
25 developed the tools, we would be unsafe in

1 delivering those devices or those technologies.

2 BY MR. ERCOLE:

3 Q. With respect to opioid prescribing itself,  
4 did you ever prescribe a opioid medicine because of  
5 some marketing statement a pharmaceutical company  
6 made, as opposed to exercising your own independent  
7 medical judgment as to what was in the best needs  
8 of the patient?

9 MS. BALDWIN: Object to form.

10 THE WITNESS: I did not.

11 BY MR. ERCOLE:

12 Q. As a trained medical professional, did you  
13 ever prescribe opioid medicine because of some  
14 funding that you received indirectly from a  
15 pharmaceutical company concerning a publication, as  
16 opposed to making your own independent medical  
17 judgment?

18 MS. BALDWIN: Object to form.

19 THE WITNESS: No.

20 BY MR. ERCOLE:

21 Q. Did you ever write an opioid prescription  
22 because a pharmaceutical representative, for  
23 instance, dropped a lunch off in your office?

24 MS. BALDWIN: Object to form.

25 MR. ROBINSON: Object to form, foundation.

1 THE WITNESS: No.

2 BY MR. ERCOLE:

3 Q. How about ever write opioid prescription  
4 because were you invited for a dinner program by a  
5 pharmaceutical company?

6 MS. BALDWIN: Object to form.

7 THE WITNESS: No.

8 BY MR. ERCOLE:

9 Q. Were you ever -- did you ever write an  
10 opioid prescription because of some offer to sit on  
11 an advisory board by a pharmaceutical company?

12 MS. BALDWIN: Object to form.

13 THE WITNESS: Absolutely not.

14 BY MR. ERCOLE:

15 Q. In fact, all of these -- this notion of  
16 doctors exercising their own independent medical  
17 judgment to prescribe opioids safely is precisely  
18 what you've been teaching about since the late  
19 '90s; is that fair to say?

20 MS. BALDWIN: Objection, leading.

21 THE WITNESS: Yes.

22 BY MR. ERCOLE:

23 Q. How about was it even before the late  
24 '90s?

25 MS. BALDWIN: Same objection.

1 THE WITNESS: Yes. It's not about  
2 opioids, but it's the foundation of my training.  
3 You can't rely on any one piece of information, and  
4 you certainly can't rely on information that comes  
5 solely from conflicted sources.

6 I mean, it's ironic that that's, in fact,  
7 what we did in a field in many ways to get into the  
8 problems that we're in, but, yes, that's kind of  
9 where -- those are the foundations of my training.

10 BY MR. ERCOLE:

11 Q. When you say your "training," where would  
12 you have -- where did you learn those?

13 A. Well, I trained in internal medicine  
14 through the Yale system in Greenwich Hospital in  
15 Southern Connecticut, and then I trained and did my  
16 anesthesia subspecialty training at Mass General at  
17 Harvard, and my psychiatry training at Mass General  
18 at Harvard. I think those are particularly places  
19 that were grounded in that solemn role of a  
20 clinician to independently see each patient as an  
21 individual and treat them based on their  
22 presentation, rather than any other group of ideas  
23 or beliefs and datasets, et cetera.

24 Q. And, in fact, that's the standard of care  
25 that physicians are obligated to perform; is that

1 correct?

2 MS. BALDWIN: Objection, leading.

3 THE WITNESS: I believe that's true.

4 BY MR. ERCOLE:

5 Q. With respect to your teaching, have you  
6 always taught that type of standard of care?

7 A. Yes.

8 Q. And does that date back to 1993 when you  
9 first started teaching?

10 A. No, you know, I probably -- so the way  
11 that my lineage worked is that I graduated medical  
12 school in '90. And then from '90 to '92 and a  
13 half, I was doing internal medicine, and then it  
14 was back in the day when you could actually overlap  
15 different trainings. So I actually was a internal  
16 medicine resident, and went up to Boston, and I  
17 became actually an internal medicine resident and  
18 an anesthesia pain fellow at the same time doing  
19 electives in one and training in the other. And  
20 then actually there was a time where I was a  
21 psychiatry resident, internal medicine resident and  
22 an anesthesia fellow for six months. So, you know,  
23 that was -- so, really, I became faculty -- I  
24 technically became faculty at Harvard Medical  
25 School in my fellowship, but I became formal

1 faculty after my psychiatry residency, which was I  
2 think at the end in 1995. So that's really when my  
3 teaching career began.

4 Q. So I assume basically if you survived all  
5 of that, you could basically survive anything; is  
6 that fair to say?

7 A. I'm surprised I did it.

8 Q. At least since 1995 you've been teaching  
9 about -- about opioids; is that fair to say?

10 MR. ROBINSON: Objection, form.

11 MS. BALDWIN: Objection, form.

12 BY MR. ERCOLE:

13 Q. I'll reask it. You've been teaching  
14 students at least as of since 1995; correct?

15 MS. BALDWIN: Objection.

16 MR. ROBINSON: Objection.

17 THE WITNESS: Opioids have been an issue  
18 since then.

19 BY MR. ERCOLE:

20 Q. And pharmacovigilance has been an issue  
21 sense then; is that fair to say?

22 A. Yes.

23 Q. And at least since 1995, have you trained  
24 your students on the potential risks associated  
25 with opioid?

1 A. Yes.

2 Q. And since 1995, have you trained your  
3 students on the potential for a risk of addiction  
4 associated with opioids?

5 A. Yeah. You know, I have to say that I  
6 was in that last cohort that was trained that if  
7 you used opioid for pain, you had very minimal risk  
8 of addiction, and that had to be unlearned over  
9 many years. So I'm not sure I would want to use my  
10 training in 1995, my teaching in 1995 as a  
11 reference standard for that.

12 Q. Whatever teaching that you would have done  
13 in 1995, would have been teaching that you sort of  
14 independently developed; is that fair to say?

15 MS. BALDWIN: Objection, leading.

16 THE WITNESS: Yes.

17 BY MR. ERCOLE:

18 Q. And since 1995, have you taught your  
19 students that before prescribing a particular  
20 medicine, they should read the label table of the  
21 medicine?

22 A. I don't know that I could tell you that  
23 that's a specific thing I've advised students to  
24 do.

25 Q. Is it self-evident that before --

1 A. Yes.

2 Q. Let me just finish before you respond.

3 A. Sorry.

4 Q. Thank you. Is it self-evident that before  
5 prescribing a medicine, a provider needs to and  
6 should understand the contents of the label of that  
7 medicine?

8 MS. BALDWIN: Objection, form, leading.

9 THE WITNESS: Yes.

10 BY MR. ERCOLE:

11 Q. And is it fair to say that before writing  
12 a prescription of a medicine, that a provider  
13 should understand the risks associated with that  
14 medicine?

15 MS. BALDWIN: Object to form, leading.

16 THE WITNESS: Yes.

17 BY MR. ERCOLE:

18 Q. And whether implicitly or explicitly, are  
19 those concepts that have been made clear in  
20 teaching that you've done since 1995?

21 MS. BALDWIN: Object to form.

22 THE WITNESS: They're consistent.

23 BY MR. ERCOLE:

24 Q. Is it fair to say that with respect to the  
25 labels of medicines, including opioids, the labels

1 are there for a reason?

2 MS. BALDWIN: Object to form. Leading.

3 THE WITNESS: Correct.

4 BY MR. ERCOLE:

5 Q. And those labels for opioids disclose  
6 risks associated with those medicines; correct?

7 MS. BALDWIN: Objection, leading.

8 THE WITNESS: Yes.

9 BY MR. ERCOLE:

10 Q. And actually understanding and --  
11 understanding the risks associated with opioids as  
12 reflected in the label of those medicines, is  
13 particularly important before writing a  
14 prescription of those medicines; is that fair to  
15 say?

16 MS. BALDWIN: Objection, leading.

17 THE WITNESS: Yes.

18 BY MR. ERCOLE:

19 Q. Would you agree that training of medical  
20 students can influence whether a -- whether a  
21 prescriber -- strike that.

22 Do you agree how a prescriber is trained  
23 in medical school may influence whether or not an  
24 appropriate prescription is written or not written  
25 for a particular patient?

1 MS. BALDWIN: Object to form.

2 THE WITNESS: Yes.

3 BY MR. ERCOLE:

4 Q. And would that apply to opioids as well?

5 MS. BALDWIN: Objection, same objection.

6 THE WITNESS: Yes.

7 BY MR. ERCOLE:

8 Q. And does the -- that training begins in  
9 medical school; is that fair to say?

10 MS. BALDWIN: Same objection.

11 THE WITNESS: The training should begin in  
12 medical school.

13 MS. BALDWIN: Same objection in case you  
14 didn't hear me.

15 THE WITNESS: Sorry.

16 BY MR. ERCOLE:

17 Q. Since 1995, have you trained your students  
18 to obtain informed consent from a patient before  
19 writing opioid prescription?

20 MS. BALDWIN: Objection, leading.

21 THE WITNESS: You know, I don't think that  
22 we emphasized that -- I emphasized that or we as a  
23 field emphasized that as much as we should and do  
24 now.

25

1 BY MR. ERCOLE:

2 Q. When you say "we as a field," what field  
3 are you referring to?

4 A. Pain medicine.

5 Q. That is -- that's the medical community;  
6 is that correct?

7 A. Yes.

8 Q. And we'll get into some of these  
9 documents, but at least in the 1990s you were  
10 publishing articles about opioid contracts; is that  
11 fair to say?

12 A. That's right.

13 Q. What is an opioid contract?

14 A. An opioid contract is a bilateral  
15 agreement between a patient and a prescriber that  
16 outlines the expectations and the procedure for  
17 receiving an opioid and can serve as an informed  
18 consent process.

19 Q. Do you know, do you recall when you first  
20 started using opioid contracts in your particular  
21 practice, if you've done at all?

22 A. Oh yeah. From the beginning they were  
23 used in my training.

24 Q. And what -- when you say "from the  
25 beginning," are you referring to 1995, for

1 instance?

2 A. Probably 1993 I think we were using opioid  
3 contracts when I started my pain fellowship.

4 Q. And those opioid contracts would have  
5 disclosed the risks associated with using opioids;  
6 is that fair to say, to the patient?

7 MS. BALDWIN: Objection.

8 THE WITNESS: So you seem to know about  
9 the paper that I did. We actually did a survey of  
10 opioid contracts and most of them didn't and most  
11 of them really didn't meet informed consent  
12 criteria. So I don't think in the early days it  
13 did. The contracts in the early days was really to  
14 benefit the prescriber at the -- and putting the  
15 patients in kind of the one-down position.

16 BY MR. ERCOLE:

17 Q. With respect to the opioid contracts that  
18 you utilized in your practice, did those contracts  
19 disclose the risks associated with opioids?

20 MS. BALDWIN: Objection.

21 THE WITNESS: They ultimately did --  
22 sorry, they ultimately did as they evolved in my  
23 practice, but probably didn't in the early days.

24 BY MR. ERCOLE:

25 Q. And you as a physician or your practice

1 would have controlled what went into an opioid  
2 contract and what didn't go into an opioid  
3 contract; is that fair to say?

4 MS. BALDWIN: Objection, leading.

5 THE WITNESS: Yes, yes.

6 BY MR. ERCOLE:

7 Q. The pharmaceutical companies did not --  
8 did not control what you as a physician decided to  
9 put or not put into a particular opioid contract;  
10 correct?

11 MS. BALDWIN: Objection, leading.

12 THE WITNESS: Well, I don't think they had  
13 any binding input. I do vaguely recall that some  
14 companies actually, to be helpful, came up with  
15 agreement language that they would put forward for  
16 some period of time, but they didn't influence what  
17 I put in my contract or we put in our contract in  
18 my clinic.

19 BY MR. ERCOLE:

20 Q. Is it fair to say that since 1995 you've  
21 trained your students to utilize the opioid  
22 contracts in connection with their contract?

23 A. Yes.

24 MS. BALDWIN: Objection, leading.

25

1 BY MR. ERCOLE:

2 Q. Dr. Fishman, we'll get into this in a  
3 little bit more detail. You are a defendant in  
4 several lawsuits across the country concerning the  
5 opioid litigation; is that fair to say?

6 A. I'm not sure how many remain.

7 Q. I'm not trying to trick you.

8 A. I was. I've been removed from most of  
9 them, but there are some that still linger.

10 Q. And you've been removed from most of them  
11 because of a settlement agreement that you've  
12 reached with plaintiffs in those cases; is that  
13 correct?

14 A. Yes.

15 MS. BALDWIN: Object to form.

16 THE WITNESS: Yes.

17 BY MR. ERCOLE:

18 Q. And in connection with that settlement  
19 agreement, you agreed to provide a proffer to those  
20 particular plaintiffs in those cases?

21 MR. ROBINSON: Objection, form,  
22 foundation.

23 MS. BALDWIN: Object to form.

24 THE WITNESS: I agreed on a proffer that  
25 was mutually -- was mutually agreed on.

1 BY MR. ERCOLE:

2 Q. And you haven't settled with any of the  
3 Defendants in this particular case; have you?

4 MS. BALDWIN: Object to form.

5 THE WITNESS: I'm not a party in this  
6 particular case, so no, yeah.

7 BY MR. ERCOLE:

8 Q. Fair enough. With respect to Defendants,  
9 you haven't entered into a settle agreement with  
10 any particular --

11 A. No, I have not.

12 MS. BALDWIN: Object to form.

13 THE WITNESS: Could I say more about that?

14 MR. ROBINSON: Wait for a question.

15 BY MR. ERCOLE:

16 Q. You've never -- to the best of your  
17 knowledge, have you been sued by any opioid  
18 manufacturers?

19 A. No.

20 Q. There are a variety of different  
21 manufacturers of opioids; is that fair to say?

22 MS. BALDWIN: Object to the relevance.

23 THE WITNESS: There were manufacturers of  
24 a variety of opioids, I would say that.

25

1 BY MR. ERCOLE:

2 Q. And is it fair to say there are many  
3 different manufacturing --

4 A. There are many different manufacturers. I  
5 think they're all manufacturers. So I'm not sure  
6 that there are a variety of them. They're all  
7 manufacturers.

8 Q. That's an excellent clarification. I  
9 appreciate that.

10 But different companies manufacture  
11 opioids; correct?

12 A. Yes.

13 Q. And those manufacturers manufacture  
14 different types of opioids; is that fair to say?

15 A. Yes.

16 Q. And opioid medicines are different; is  
17 that correct?

18 MS. BALDWIN: Object to form.

19 THE WITNESS: Opioid medicines are, yeah,  
20 an overarching group of different molecules and  
21 different formulations.

22 BY MR. ERCOLE:

23 Q. And different opioids may be approved by  
24 the FDA at different times?

25 A. Correct.

1 Q. And some of those medicines may be generic  
2 medicines; is that true?

3 MS. BALDWIN: Object to the form.

4 THE WITNESS: Yes.

5 BY MR. ERCOLE:

6 Q. And some may be branded medicines?

7 MS. BALDWIN: Object to the form.

8 THE WITNESS: Yes.

9 BY MR. ERCOLE:

10 Q. And some may be short acting opioids?

11 A. Yes.

12 MS. BALDWIN: Objection, object to the  
13 form.

14 BY MR. ERCOLE:

15 Q. Some may be long acting opioids?

16 MS. BALDWIN: Object to form.

17 THE WITNESS: Yes.

18 BY MR. ERCOLE:

19 Q. And may be different delivery systems with  
20 respect to those opioid medicines?

21 MS. BALDWIN: Object to form.

22 THE WITNESS: Yes.

23 BY MR. ERCOLE:

24 Q. And with respect to marketing, is it fair  
25 to say that opioid manufacturers may engage in

1 different types of marketing, if any?

2 MS. BALDWIN: Object to form.

3 THE WITNESS: I assume so.

4 BY MR. ERCOLE:

5 Q. For instance, generic manufacturers may  
6 not market their medicines at all?

7 MS. BALDWIN: Object to form.

8 BY MR. ERCOLE:

9 Q. Is that fair to say?

10 A. Yes.

11 Q. Dr. Fishman, do you have -- do you recall  
12 any communications that you've ever had with anyone  
13 from a company known as Actavis Pharma?

14 A. I don't recall.

15 Q. Do you recall receiving directly or  
16 indirectly any funding from a company called  
17 Actavis Pharma?

18 A. I don't.

19 Q. Are you aware of any promotional or  
20 marketing statements ever made about opioids by  
21 such a company?

22 A. I do not.

23 Q. How about do you recall any communications  
24 that you've ever had with a company by the name of  
25 Watson Laboratories?

1 A. I don't.

2 Q. Are you aware of any funding that you  
3 received directly or indirectly from any company  
4 known as Watson Laboratories?

5 A. I don't. I would not be surprised if the  
6 American Pain Foundation received funding from  
7 those or the American Academy of Pain Medicine or  
8 the American Pain Society, organizations I had a  
9 role in. So when you say "indirectly," maybe there  
10 is a connection there, but I don't recall working  
11 with those companies or receiving anything from  
12 them.

13 Q. Sure. Well, sitting here today, do you  
14 recall any of those other entities that you've  
15 just -- third-party entities you just described  
16 ever receiving any funding from Watson  
17 Laboratories?

18 MS. BALDWIN: Object to form.

19 THE WITNESS: I don't recall, but I  
20 wouldn't be surprised if they did.

21 BY MR. ERCOLE:

22 Q. Okay. But sitting here today you don't  
23 recall? I just want to make sure.

24 A. Correct, I do not recall.

25 MS. BALDWIN: Object to form.

1 BY MR. ERCOLE:

2 Q. Are you aware of any promotional or  
3 marketing statements made about opioids from Watson  
4 Laboratories?

5 A. No.

6 Q. Have you ever had any communications with  
7 a company known as Actavis, LLC, to the best of  
8 your understanding?

9 A. Not that I recall.

10 Q. Do you ever -- were you ever aware of any  
11 funding that you've received directly or indirectly  
12 from a company known as Actavis, LLC?

13 A. Not that I know of.

14 Q. Are you aware of any promotional or  
15 marketing statements about opioids made by Actavis,  
16 LLC?

17 A. Not that I am aware of.

18 Q. Are you aware of what medicines, if any,  
19 Actavis Pharma, Watson Laboratories or Actavis, LLC  
20 manufactures?

21 A. I am not.

22 Q. Do you recall any documents that the State  
23 showed you today about any of those entities?

24 MS. BALDWIN: Object to form.

25 THE WITNESS: I think there was one

1 document that listed Watson, and, I mean, it could  
2 have even been in my book. I think I saw the name  
3 "Watson" somewhere.

4 BY MR. ERCOLE:

5 Q. Sitting here today, can you  
6 recall specifically about --

7 A. I don't know if that happened today, no.

8 MS. BALDWIN: Object to form.

9 BY MR. ERCOLE:

10 Q. Are you aware of any -- Dr. Fishman, are  
11 you aware of any -- you've heard of the company  
12 Teva, USA; is that fair to say?

13 A. Yes.

14 Q. Are you aware of any false or misleading  
15 statements that Teva USA has ever made about  
16 opioids?

17 A. No.

18 Q. You've heard of the company Cephalon; is  
19 that fair?

20 A. Yes.

21 Q. Are you aware of any -- strike that.

22 Do you have any personal knowledge of any  
23 false or misleading statements that Cephalon has  
24 ever made about opioids?

25 MS. BALDWIN: Object to form. I should

1 say I have a history with Cephalon in that they  
2 made misleading statements about me.

3 BY MR. ERCOLE:

4 Q. Okay. With respect to making misleading  
5 statements about you, do you recall what that issue  
6 was?

7 A. The issue was that I agreed to do a public  
8 service announcement, and I think it was Cephalon  
9 at the time, and then it became Teva, and I signed  
10 an agreement that said that I wasn't getting paid,  
11 and it would only be for public service, public  
12 education. It was actually a commentary that I  
13 made at a professional meeting about the risk of  
14 addiction and abuse in children. They wound up  
15 putting it up on their marketing website,  
16 unbeknownst to me, something that they later took  
17 off and apologized for.

18 Q. So is it fair to say when that issue was  
19 brought to your attention, that they immediately  
20 took off the video from the website?

21 A. Yes.

22 MS. BALDWIN: Object to form.

23 THE WITNESS: Yes.

24 BY MR. ERCOLE:

25 Q. You said Cephalon also apologized to you.

1 A. Teva did.

2 Q. Teva Pharmaceutical did. That video that  
3 you just referenced talked about the risk of  
4 addiction associated with opioids; is that correct?

5 A. Abuse, yes.

6 Q. When you say "abuse," what do you mean by  
7 that?

8 A. Abuse is a broader category than  
9 addiction.

10 Q. Was there anything -- that was a program  
11 that you developed content-wise?

12 A. It was my content that I was asked to --  
13 if I would talk about that issue on camera for  
14 about, I don't know, two minutes or something like  
15 that.

16 Q. Did you say -- in that two-minute  
17 discussion, did you say anything false in there?

18 A. No.

19 MS. BALDWIN: Object to form.

20 BY MR. ERCOLE:

21 Q. And, in fact, in that discussion, did you  
22 highlight the risks of abuse associated with  
23 opioids?

24 MS. BALDWIN: Objection, leading.

25 THE WITNESS: It was completely about the

1 risks of opioids.

2 BY MR. ERCOLE:

3 Q. And then Cephalon went and put that,  
4 actually, on its website; is that correct?

5 MS. BALDWIN: Objection, leading.

6 THE WITNESS: That is correct, or Teva  
7 did. I'm not sure.

8 BY MR. ERCOLE:

9 Q. Fair enough. Once you said, Hey, could  
10 you take that down because there was an incorrect  
11 attribution of some payment to you in there, they  
12 immediately did that; is that fair to say?

13 MS. BALDWIN: Objection, leading.

14 THE WITNESS: They took it down because it  
15 was never intended to be used in their marketing,  
16 and there was also an inaccurate attribution of  
17 payment to me.

18 BY MR. ERCOLE:

19 Q. In connection with that particular video,  
20 was there anything false or misleading other than  
21 the attribution of payment to you that was  
22 associated with that?

23 MS. BALDWIN: Object to form.

24 THE WITNESS: No.

25

1 BY MR. ERCOLE:

2 Q. Other than that medication attribution of  
3 you receiving a payment, anything false or  
4 misleading that you can recall Cephalon making  
5 about opioids?

6 MS. BALDWIN: Object to form.

7 THE WITNESS: No.

8 BY MR. ERCOLE:

9 Q. With respect to the misattribution of  
10 payment that you just described, that was disclosed  
11 as part of the video; is that correct?

12 MR. ROBINSON: Object to form.

13 MS. BALDWIN: Objection.

14 THE WITNESS: I actually don't know. It  
15 was somehow transmitted to media sources that I was  
16 paid, so Cephalon made a statement that I wasn't --  
17 in fact, reproduced this document I had them sign  
18 that stated that I would not be paid. These were  
19 my own ideas. This would only be used for a public  
20 service announcement, and it would not be used for  
21 marketing purposes or for corporate purposes.

22 BY MR. ERCOLE:

23 Q. So we looked at and I asked you to look at  
24 Exhibit 1 in your CV. There are a number of  
25 different categories in this particular document,

1 it's very extensive, very impressive. If you look  
2 to, it looks like it's Bates marked as FISH 8; do  
3 you see that on the bottom right-hand corner?

4 There is a section that says, "Teaching Lectures  
5 and Presentations"; do you see that?

6 A. Yes.

7 Q. And it looks like there are -- if you  
8 scroll through, it looks like there are 566 of  
9 them; do you see that?

10 A. Yes, as of August 2017.

11 Q. Sitting here today with respect to those  
12 lectures and presentations, could you identify a  
13 single one of those lectures or presentations that  
14 did not reflect your own independent medical  
15 opinion?

16 A. No.

17 Q. Because they all did reflect your own --

18 MS. BALDWIN: Object to form.

19 BY MR. ERCOLE:

20 Q. They all did reflect your own independent  
21 medical opinion?

22 MS. BALDWIN: Objection, leading.

23 THE WITNESS: They did.

24 BY MR. ERCOLE:

25 Q. And if you turn to the next category, it

1 says "Books"; do you see that?

2 A. Yes.

3 Q. It looks like there are 11 books that are  
4 listed there. With respect to those books, did  
5 each of those reflect your own independent medical  
6 opinion and content?

7 A. Yes.

8 Q. I know this is going to sound like a silly  
9 question, but pharmaceutical companies didn't  
10 control the content of those books that you  
11 authored; correct?

12 MS. BALDWIN: Objection, leading.

13 THE WITNESS: Pharmaceutical companies  
14 didn't control the content of any of these books;  
15 however, some of these books are edited books that  
16 include the independent -- what I believe to be the  
17 independent thoughts and views of others. So I'm  
18 an editor rather than an author of several of these  
19 books.

20 BY MR. ERCOLE:

21 Q. Fair enough. Thank you for that  
22 distinction. At least with respect to those books  
23 that you authored.

24 A. Yes.

25 Q. You're not aware of a pharmaceutical

1 company ever controlling the content of those  
2 books; correct?

3 MS. BALDWIN: Objection, leading.

4 THE WITNESS: No.

5 BY MR. ERCOLE:

6 Q. In fact, if the pharmaceutical company  
7 would have asked you to include some piece of  
8 information in your book that you disagreed with,  
9 you would have said, Go pound sand; correct?

10 MS. BALDWIN: Objection, leading.

11 THE WITNESS: Yes.

12 BY MR. ERCOLE:

13 Q. I used "go pound sand" as an euphemism for  
14 saying no, would you not have included it; correct?

15 MS. BALDWIN: Objection, leading.

16 THE WITNESS: Yes.

17 BY MR. ERCOLE:

18 Q. There are also -- if you go down to the  
19 next category, it's Book Introduction, Forward,  
20 Prefaces, Contributing Editor, Editorship; do you  
21 see that?

22 A. Yes.

23 Q. Is it fair say that those Introductions,  
24 Forwards, Prefaces listed there were all developed  
25 content-wise independently by you?

1 MS. BALDWIN: Objection.

2 THE WITNESS: Yes.

3 BY MR. ERCOLE:

4 Q. Next category is Original Articles; do you  
5 see that?

6 A. Yes.

7 Q. It looks like there lists 114 original  
8 articles, were all of those articles -- strike  
9 that.

10 Did the content of those articles authored  
11 by you reflect your own independent medical  
12 opinion?

13 A. Yes.

14 Q. The content of those articles was not  
15 controlled by pharmaceutical company either; is  
16 that fair to say?

17 MS. BALDWIN: Objection, leading.

18 THE WITNESS: Yes.

19 BY MR. ERCOLE:

20 Q. Would the same analysis also apply to the  
21 next category Book Chapters on Page 37?

22 A. Yes.

23 MS. BALDWIN: Objection for, objection,  
24 leading.

25

1 BY MR. ERCOLE:

2 Q. If you turn to 39, Other Educationally  
3 Relevant Printed Publications; do you see that?

4 A. Yes.

5 Q. Would the same analysis we've been talking  
6 about also apply to those -- that category of  
7 publication?

8 MS. BALDWIN: Same objections.

9 THE WITNESS: Yes.

10 BY MR. ERCOLE:

11 Q. So is it fair to say that at least with  
12 respect to any of the publications, lectures, or  
13 materials that you've authored in whole or in part  
14 in this resume -- in your resume, that you  
15 developed the content of those -- of those  
16 documents independently?

17 MS. BALDWIN: Object to form.

18 THE WITNESS: I would say I controlled the  
19 content of my parts of any of these.

20 BY MR. ERCOLE:

21 Q. And controlled it free from in your view  
22 the influence of pharmaceutical companies; correct?

23 MS. BALDWIN: Objection, leading.

24 THE WITNESS: Yes.

25 MR. ERCOLE: It's 6 o'clock. Do you want

1 to stop? What do you want to do? I'm going to get  
2 into another category.

3 MR. ROBINSON: How long do you have?

4 MR. ERCOLE: I'm probably going to have at  
5 least another hour.

6 THE WITNESS: Do you want to call it a  
7 day? I'm happy to keep going or stop. Whatever  
8 you guys feel like doing.

9 MR. ROBINSON: You got another hour. I  
10 mean, are we still within the parameters of what we  
11 were talking about earlier because you've been  
12 going what, 45 minutes?

13 MR. OXLEY: I think so.

14 MR. ROBINSON: So a total of four hours  
15 tomorrow?

16 MS. BALDWIN: I'm sorry, what parameters?  
17 Are we talking about the parameters that were --

18 MR. ROBINSON: Time, time frame.

19 MS. BALDWIN: I'm sorry, I'm just asking  
20 for clarification of the parameters you're  
21 referring to. Is that what you put on the record  
22 this morning or are there new parameters?

23 MR. ROBINSON: No, these guys just told me  
24 they thought they had about five hours of  
25 examination, and they've done about an hour, so

1       that means we've got about four hours left. And if  
2       it that's the case, let's do it tomorrow.

3               MR. ERCOLE: Okay.

4               MR. ROBINSON: We are not going to finish  
5       today. I think we've gone to 6 o'clock. His day  
6       started at 6 o'clock this morning. I think we've  
7       gone long enough.

8               THE VIDEOGRAPHER: This is the end of Disc  
9       4. We are off the record at 6 p.m.

10              (Deposition adjourned at 6:00 p.m.)

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

## DECLARATION UNDER PENALTY OF PERJURY

I, SCOTT FISHMAN, M.D., do hereby certify under penalty of perjury that I have read the foregoing transcript of my deposition taken on February 26, 2019; that I have made such corrections as appear noted on the Deposition Errata Page, attached hereto, signed by me; that my testimony as contained herein, as corrected, is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019 at \_\_\_\_\_, California.

\_\_\_\_\_  
SCOTT FISHMAN, M.D.

February 26, 2019

336

1 DEPOSITION ERRATA SHEET

2 Page No. \_\_\_\_\_ Line No. \_\_\_\_\_

3 Change: \_\_\_\_\_

4 Reason for change: \_\_\_\_\_

5 Page No. \_\_\_\_\_ Line No. \_\_\_\_\_

6 Change: \_\_\_\_\_

7 Reason for change: \_\_\_\_\_

8 Page No. \_\_\_\_\_ Line No. \_\_\_\_\_

9 Change: \_\_\_\_\_

10 Reason for change: \_\_\_\_\_

11 Page No. \_\_\_\_\_ Line No. \_\_\_\_\_

12 Change: \_\_\_\_\_

13 Reason for change: \_\_\_\_\_

14 Page No. \_\_\_\_\_ Line No. \_\_\_\_\_

15 Change: \_\_\_\_\_

16 Reason for change: \_\_\_\_\_

17 Page No. \_\_\_\_\_ Line No. \_\_\_\_\_

18 Change: \_\_\_\_\_

19 Reason for change: \_\_\_\_\_

20 Page No. \_\_\_\_\_ Line No. \_\_\_\_\_

21 Change: \_\_\_\_\_

22 Reason for change: \_\_\_\_\_

23

24 \_\_\_\_\_

25 SCOTT FISHMAN, M.D. DATED

1 STATE OF CALIFORNIA )  
 ) SS  
2 COUNTY OF SACRAMENTO )

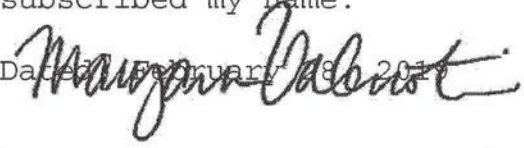
3 I, MARYANN H. VALENOTI, a Registered  
4 Professional Reporter, a Certified Realtime  
5 Reporter and Certified Shorthand Reporter, do  
6 hereby certify:

7 That prior to being examined, the witness  
8 in the foregoing proceedings was by me duly sworn  
9 to testify to the truth, the whole truth, and  
10 nothing but the truth;

11 That said proceedings were taken before me  
12 at the time and place therein set forth and were  
13 taken down by me in shorthand and thereafter  
14 transcribed into typewriting under my direction and  
15 supervision;

16 I further certify that I am neither  
17 counsel for, nor related to, any parties to said  
18 proceedings, nor in anyway interested in the  
19 outcome thereof.

20 In witness whereof, I have hereunto  
21 subscribed my name.

22 Dated February 28, 2019   
23 \_\_\_\_\_

24 Maryann Valenoti, RPR, CRR,

25 CSR No. 11266

SCOTT Fishman, M.D.  
February 26, 2019

1

Exhibits		
EX 0001 Kenneth Fishman 022619 5:7 24:20,23 298:9 327:24	EX 0018 Kenneth Fishman 022619 6:9 196:17, 19	\$1500 39:3
EX 0002 Kenneth Fishman 022619 5:8 37:14,15	EX 0019 Kenneth Fishman 022619 6:10 203:16, 18,20 228:24	\$2,000 164:11,15 165:7
EX 0003 Kenneth Fishman 022619 5:9 42:18, 19,21	EX 0020 Kenneth Fishman 022619 6:11 210:3,4	\$2,035,519 156:17
EX 0004 Kenneth Fishman 022619 5:11 44:25 45:1	EX 0021 Kenneth Fishman 022619 6:12 215:6, 9,10,12	\$2,497 157:11
EX 0005 Kenneth Fishman 022619 5:13 48:24 49:1 239:5	EX 0022 Kenneth Fishman 022619 6:13 222:16, 17 223:24	\$2,898 165:1
EX 0006 Kenneth Fishman 022619 5:14 62:17, 18,20 65:12,18	EX 0023 Kenneth Fishman 022619 6:14 224:2,4	\$2.426 235:13
EX 0007 Kenneth Fishman 022619 5:16 93:16, 17 94:3	EX 0024 Kenneth Fishman 022619 6:15 232:3, 4,6	\$24,750 157:8
EX 0008 Kenneth Fishman 022619 5:18 142:2, 3,4,8	EX 0025 Kenneth Fishman 022619 6:16 239:8	\$25,000 168:8,12
EX 0009 Kenneth Fishman 022619 5:20 146:5,6 155:16	EX 0026 Kenneth Fishman 022619 6:18 247:12, 14	\$3,091,264 156:25
EX 0010 Kenneth Fishman 022619 5:21 154:1,2 155:18,20,21	EX 0027 Kenneth Fishman 022619 6:19 249:4,5 257:1,2	\$3,642,501 154:17 155:24
EX 0011 Kenneth Fishman 022619 5:22 158:5, 6,7	EX 0028 Kenneth Fishman 022619 6:21 257:4	\$30,000 253:7 261:16
EX 0012 Kenneth Fishman 022619 5:24 161:25 162:1,2	EX 0029 Kenneth Fishman 022619 6:22 223:2 266:1,4 268:16,23 269:3	\$4,898 165:16
EX 0013 Kenneth Fishman 022619 6:2 165:23, 24,25	EX 0030 Kenneth Fishman 022619 6:23 270:25 271:1,3	\$40,000 251:15
EX 0014 Kenneth Fishman 022619 6:3 170:24, 25 171:1,3	EX 0031 Kenneth Fishman 022619 6:24 274:25 275:1,3	\$412,100 161:2
EX 0015 Kenneth Fishman 022619 6:5 177:23, 24,25		\$42,482 157:20 158:3
EX 0016 Kenneth Fishman 022619 6:6 182:8,9		\$465,451.25 161:14
EX 0017 Kenneth Fishman 022619 6:7 188:1,2 196:12,13		\$5,843 157:14
		\$50,000 177:11 254:19
		\$507,377.50 160:10
		\$542,259.52 169:3
		\$562,674 163:17
		\$58,000 252:8,19
		\$60,000 172:25
		\$633,300 162:25
		\$725,000 166:16
		\$725,584.95 166:16
		\$75,000 254:13
		\$83,975 166:25
		\$87,895 249:24 250:2, 20
		\$878,895 249:19
		\$9,392 157:17
		\$9,500 46:10
		(
		(b) (6) 159:1
		0
		0000008 164:22
		00009587 196:19
		003465695 37:19
		004273776 232:7
		006241 171:3
		006877 182:17
	\$	
	\$1,199,409.95 167:7	
	\$10,000 263:2 276:1	
	\$100,000 253:16 254:6,16 261:18	
	\$115,000 199:13,18 200:9 207:2 209:6	
	\$125,000 199:5 255:8	
	\$150,000 172:24	

U.S. LEGAL SUPPORT  
(877) 479-2484

01465610 45:4	229:8	2007 23:25 33:17 45:8
01465625 45:4	18 190:9 196:14,15,	47:9 206:23 209:1
03063698 94:4	17,19 229:11	240:8,12 251:14
04100029381 142:9	19 87:22 142:17 190:9	252:16 256:12 263:25
	203:16,18,20 228:24	264:2 276:2
	229:2,3	2008 22:5 164:10
1	1990 299:22	165:15 197:5 199:2
	1990s 33:1 34:8 313:9	217:4 229:20 265:15
1 24:20,23 65:24	1993 300:1 307:8	276:4
75:11 77:11,19 78:13	314:2	2009 24:15 164:15
80:17,23,24 81:2	1995 308:2,8,14,23	165:8,15 188:23
96:4 172:24 198:19,	309:2,10,13,18	189:5 196:3 215:16
20 199:10 271:24	310:20 312:17 313:25	254:3,7,12
298:9 327:24	315:20	2009- 188:18
1(c) 199:19	1997 154:13,16	2010 43:3 44:8 255:2
1,000 73:25 79:12	155:23,24 156:16,24	2011 22:5 51:6 146:21
1.7 164:3	157:7,19,23 158:2	153:10,19 154:17
10 39:17 75:12 77:11	162:18 163:16 164:2	158:20 160:4,9
80:17 82:6 87:24	240:18 249:17	161:1,13 170:2
154:1,2 155:18,20,21	1998 157:10 251:2	171:22 172:6 174:9
188:19 191:9,11	1999 13:17 157:13	175:11 178:8,11
249:12	242:18	179:3 180:11 210:9
10,000 173:4 199:6	1:09 169:20	254:23 255:2,3,7
100 75:20 81:22	1:57 169:23	257:13
84:12,18		2012 24:11,15 49:12
10:49 65:3	2	50:2,18 55:7 151:15
11 158:6,7 200:16	2 37:14,15 38:9 45:23	152:18 154:8,14,17
249:12,13,18,21,25	49:25 89:8 112:24	155:7,24 156:16,24
250:16 329:3	160:25 186:9 198:19,	157:19 162:4,13,18,
11(c)(1)(c) 271:13	20 208:23 212:2	24 163:17 164:2
114 331:7	215:18,24 223:8	166:15 167:7 168:4,
11:05 65:6	20 13:5 49:12 89:7	7,12,16,20,22 169:2
11:53 112:21	191:9 210:3,4 254:9	182:13 235:9 249:9
12 81:17 162:1,2	299:24	250:1 255:14 256:18
200:16 251:13 252:16	2000 20:17 157:16,23	2013 142:17
253:12	158:3 224:6	2017 166:6,15 167:8
12:04 112:24	2000s 33:1,15 34:8	168:4,12 169:3
13 84:9 102:9 165:24,	47:2	328:10
25 182:13	2001 271:23,24	2019 7:2
137 248:11	20019 7:13	21 111:9 146:21
14 85:10 103:3,4	2002 23:25	215:6,9,10,12 272:3
170:25 171:1,3 199:2	2003 13:10 20:19	210,000 172:25
249:11 251:23 252:21	2004 20:17 24:3	22 178:11 191:11
15 85:8 177:24,25	162:24 251:2	222:16,17 223:24
299:24	2005 24:3,7 65:25	23 43:2 88:4 113:20
15,000 173:4	94:11 123:5,15	223:25 224:1,2,4
150 207:2	124:19 147:10	228:25
16 88:6 104:22 182:8,	2006 21:24 24:7 39:17	24 232:3,4,6
9	41:25 115:18 158:20	25 32:8 45:8 88:11
160 200:12	160:4,8 161:1,13	96:4 146:23 168:5
17 188:1,2 196:13,16		239:8 289:22 299:3,
		6,25

25,000 173:4	4:25 270:5	
250,000 173:5	4:28 270:8,9	
26 7:2,13 247:12,14	4:35 270:22	
27 249:4,5 257:2,13		
28 240:18 257:4	5	
29 171:21 223:2		
266:1,4 268:16,23	5 48:24 49:1 74:5,10	
269:3 299:22	198:20 239:5 279:15	
2:18 186:9	5- 263:2	
2:21 186:12	5/8/12 162:22	
2Q 51:6	50 67:17	
	50,000 173:3 175:12,	
3	13	
	550 7:16	
3 42:18,19,21 94:23	566 328:8	
161:12 171:24 186:12	5710 39:6,7	
198:20 247:17 270:8		
3,538,100 190:14	6	
30 84:13,17 159:1		
270:25 271:1,3	6 50:23 51:1 62:17,	
289:22 299:3	18,20 65:12,18 77:3	
3020 7:12	80:24 98:22 143:2	
30th 43:10	174:9 175:11 192:12	
31 88:18 122:22	198:20 224:6 229:16	
274:25 275:1,3	332:25 334:5,6,9	
3465695 37:24	6,000 255:15	
3465714 37:25	6243 172:18 173:11	
35.4 190:17	6244 171:4 172:18	
352(f)(1) 272:3	6245 171:5	
37 331:21	6:00 334:10	
38.9 189:24		
39 89:4 332:2	7	
3:11 228:18		
3:27 228:21	7 77:19 78:14 80:24	
	81:2 93:16,17,19	
4	94:3 198:20	
	75 108:25	
4 44:25 45:1 69:24	75,000 173:3	
91:8 92:3 94:11 96:2		
166:12 191:23 197:5	8	
269:10,17 270:22		
334:9	8 51:4 56:20 74:4	
4.9 89:20	79:11 142:3,4,8	
44 7:15	154:8,13 198:20	
45 225:2 333:12	215:16 271:21 328:2	
485 188:19	85 42:22	
4860 7:11	87,000 249:23	
4:07 260:13	88,500 169:10	
4:16 260:16	89 196:20	
		9
		9 146:5,6 155:16
		90 307:12
		90s 305:19,24
		92 307:12
		95817 7:12
		9588 205:17
		9:43 7:2,13
		A
		a.m. 7:2
		AAPM 117:18,22 118:23
		123:6,10,14 124:18
		125:2,11 158:16,18
		160:4 166:25 167:7,
		15 265:6 272:22
		273:8
		AAPM's 125:4
		Aaron 182:22 184:9
		185:13 186:15,23
		Abbot 253:7
		ability 225:25
		absolute 35:21
		absolutely 62:15
		208:6 283:7 285:8
		305:13
		abuse 324:14 325:5,6,
		8,22
		academic 105:4
		academics 289:19
		academy 23:20,24
		24:3,7 150:24 156:17
		158:19 160:10 163:18
		166:16 167:19 198:7
		211:22 230:25 321:7
		accept 10:4 28:2
		43:17 45:20 53:14
		54:21 56:5 149:10
		159:19 167:21 271:9
		acceptable 289:21
		300:9
		acceptance 242:10
		accepted 9:24 276:23
		accepting 34:4 184:22
		217:15 264:22
		acclimate 37:23

<b>accompanied</b> 8:12	325:4,9	19 140:10 149:20
<b>accomplished</b> 12:12	<b>addition</b> 226:3 298:24	179:10 220:16,19
277:13	<b>additional</b> 173:13	237:10,18 238:9
<b>accordance</b> 9:15	252:14 272:2 276:3	246:19 276:22 290:14
<b>Accountable</b> 181:18	<b>adequate</b> 237:13 272:4	311:19,22
<b>accredited</b> 255:5	<b>adjourned</b> 334:10	<b>agreed</b> 7:18 53:10
<b>accuracy</b> 175:19	<b>admission</b> 10:12	182:25 183:4 184:20,
<b>accurate</b> 295:16	<b>admit</b> 244:4	22 292:8 316:19,24,
<b>accurately</b> 30:18	<b>admitted</b> 10:8,10	25 324:7
175:9	<b>adopted</b> 139:5	<b>agreeing</b> 64:16
<b>acetaminophen</b> 243:18	<b>adopting</b> 176:19,20	<b>agreement</b> 9:9,11,15,
<b>achieve</b> 235:9	<b>advance</b> 277:16	19,21,24 10:17 11:1,
<b>ACPE</b> 121:15	<b>Advancing</b> 13:1	6 12:11 37:20,21
<b>acronym</b> 68:19 287:24	<b>advantage</b> 58:14	38:10,16 45:24
<b>act</b> 19:9 181:10,18	<b>advertise</b> 131:2,8	147:11 266:2,23
206:23 209:1 229:21	<b>advice</b> 225:22	267:12 271:4,16
<b>Actavis</b> 279:22	<b>advised</b> 309:23	313:15 315:15
320:13,17 322:7,12,	<b>advisory</b> 18:24 19:14,	316:11,19 317:9
15,19	19 20:6,11 29:17	324:10
<b>acting</b> 319:10,15	43:21 100:15 102:18	<b>agreements</b> 45:15
<b>action</b> 94:20 117:5,	105:3,4 120:1,6	<b>ahead</b> 148:10 217:2
10,16 118:22 119:8,	165:1 277:4 305:11	252:12 258:11 278:19
24 120:21 121:16	<b>advocacies</b> 134:24	<b>Alan</b> 197:16,17,23
122:9,23 125:13	<b>advocacy</b> 23:9 119:10	<b>Alfonso</b> 224:7,10
193:6 205:9,23 211:3	205:8,19 206:20,21	<b>Align</b> 50:12
<b>ACTIQ</b> 108:13,17	208:23,24 210:9,12,	<b>alignment</b> 50:2
114:19,25 115:6,13	16 230:9	<b>allegedly</b> 275:17
265:15 271:24 272:2	<b>advocate</b> 193:2,5	<b>alliance</b> 57:22 230:21
<b>ACTIQ's</b> 272:4	<b>advocates</b> 175:21	231:3
<b>active</b> 175:22,23	205:10,25 230:7	<b>allocate</b> 75:18
<b>actively</b> 174:14	<b>advocating</b> 23:11	<b>allocation</b> 81:18
243:24	<b>affairs</b> 67:6,19 166:3	<b>allowed</b> 145:8
<b>activities</b> 17:22	232:8,13	<b>Alpharma</b> 248:22
28:14 32:1,4 47:15	<b>affect</b> 138:7 140:4	253:13 254:9
60:9 72:11 98:24	<b>affected</b> 149:15 214:6	<b>alternative</b> 242:25
106:11 120:9 121:20	<b>affecting</b> 232:18	<b>alternatives</b> 242:7
135:6 141:19 142:10,	233:6	<b>amalgamation</b> 294:13
25 199:4 200:10	<b>afraid</b> 60:21	<b>ambiguous</b> 37:4 59:3
229:19 230:2 264:15,	<b>afternoon</b> 279:18	218:18
25 265:10 272:18,25	<b>agencies</b> 232:25	<b>America</b> 57:15 266:23
273:10	<b>agenda</b> 229:20	268:25 271:4 303:22
<b>activity</b> 31:12 72:24	<b>agendas</b> 235:2	<b>American</b> 20:14,17,22
99:18,24 100:16,21	<b>aggressively</b> 244:4	21:3,8,18,20,24
255:5,8	<b>agnostic</b> 73:6	22:4,11 23:2,8,20,24
<b>actual</b> 150:5 218:13	<b>agree</b> 10:11,14,25	24:2,6 43:16,23
247:17 263:21	11:16,22 12:2 16:2	150:21,24 151:1,20
<b>actuality</b> 228:7	23:2 27:24 28:7,15,	152:2,10,16,24
<b>Acute</b> 27:2	22 36:10 60:2 62:13	153:2,3,9,10 154:16
<b>Ad</b> 43:10	92:7 136:4,7,23	155:3,25 156:17,25
<b>addiction</b> 284:3 287:4	137:4,14,16 138:1,6,	158:19 160:10 161:2,
309:3,8 324:14		14 162:25 163:7,18

164:3 166:16 167:19	272:22 273:8	<b>assessment</b> 114:6
168:8,13 169:3,10	<b>APF's</b> 177:12 209:16	123:20
170:1 171:19 172:13	<b>apologize</b> 56:2 64:25	<b>assign</b> 81:19
173:12 174:13,21	242:7	<b>assigned</b> 81:22,23
177:6 178:16 180:24	<b>apologized</b> 324:17,25	174:5
183:19 184:8 189:2	<b>apparent</b> 150:4 231:23	<b>assigns</b> 106:10
193:10 194:15 195:5,	<b>apparently</b> 185:1	<b>assimilated</b> 282:3
6,20 198:7,8 202:13,	213:14	<b>associate</b> 13:13
14 203:6,25 204:20	<b>appearance</b> 8:16	<b>association</b> 219:2
209:13 211:2,17,19,	<b>appears</b> 67:15 191:19	241:5,6
22 213:3,4,17 230:9	196:6 197:1 209:8	<b>associations</b> 147:4
265:7 321:6,7,8	224:15 252:7	<b>assume</b> 40:14 131:20
<b>Americans</b> 225:2	<b>apply</b> 312:4 331:20	132:17 145:7,10
<b>amount</b> 46:9 261:3	332:6	205:4 308:4 320:3
262:25 263:14	<b>appointments</b> 100:20	<b>assumed</b> 73:13 155:1
<b>amounts</b> 13:6 261:12	105:5	<b>asterisk</b> 192:5,9
<b>analgesia</b> 108:19	<b>approach</b> 73:12	<b>attach</b> 179:13
115:17	<b>appropriately</b> 184:16	<b>attached</b> 67:16 68:3
<b>analgesic</b> 42:8 49:21	<b>approved</b> 257:19	178:21 179:6,11
<b>analgesics</b> 194:5	271:25 318:23	180:18 188:18 198:18
<b>analysis</b> 68:6 81:10	<b>approximately</b> 260:22	<b>attaching</b> 66:14
138:14 140:1 238:6,	<b>APS</b> 118:3,7,23 272:23	188:22
24 291:18 331:20	273:8	<b>attachment</b> 62:22
332:5	<b>archiving</b> 45:15	93:22
<b>analyze</b> 91:10 117:10	<b>area</b> 27:10 46:17	<b>attachments</b> 62:21
<b>analyzing</b> 88:24	136:10 137:2 237:8	<b>attempts</b> 10:1
<b>ANCE</b> 121:15	244:23 298:23	<b>Attend</b> 120:9
<b>anchored</b> 291:22	<b>areas</b> 26:11 27:5 50:7	<b>attendance</b> 10:13
<b>and/or</b> 82:20	298:13,17	<b>attended</b> 77:7 89:13
<b>anesthesia</b> 306:16	<b>argue</b> 134:18 193:23	<b>attention</b> 184:25
307:18,22	208:9 246:16	324:19
<b>anesthesiology</b> 12:24	<b>argument</b> 236:21	<b>attitudes</b> 250:10,23
13:9,14 26:2,4,12	<b>argumentative</b> 28:25	<b>attorney</b> 10:7 186:4
<b>Angeles</b> 190:22	194:21	<b>attorney's</b> 208:15
<b>announcement</b> 324:8	<b>arise</b> 58:3	<b>attorney-client</b>
327:20	<b>arises</b> 241:6	185:23
<b>annually</b> 184:6	<b>arising</b> 241:8	<b>attribute</b> 91:20
<b>answering</b> 128:3	<b>arm's</b> 48:2 134:17	<b>attributes</b> 242:9
<b>answers</b> 54:1	<b>army</b> 205:10,24	<b>attributing</b> 90:3
<b>anymore</b> 262:1	<b>arrow</b> 95:16,22	<b>attribution</b> 326:11,
<b>anytime</b> 272:15	<b>arsenal</b> 149:8	16,21 327:2
<b>APF</b> 168:19 176:2	<b>articles</b> 76:4 77:8	<b>audience</b> 60:12 61:6,
177:11,20 178:5,7,	83:11 84:11,25 85:12	16 73:9 109:9,20
13,15,19 179:3	86:3 89:14 223:16,20	110:21 111:3,5
180:11,19 181:5	280:14 289:5 313:10	140:19
185:2,10 187:21	331:4,8,10,14	<b>audiences</b> 110:3
188:19 189:11,16	<b>articulate</b> 293:19	147:5,21
192:9 194:7,10	<b>assess</b> 250:10,22	<b>audio</b> 7:17
199:5,11 206:6 209:3	<b>assessed</b> 250:24	<b>August</b> 43:2,10 257:13
211:9 229:14,18		328:10
230:1,11,22,24 265:6		

SCOTT FISHMAN, M.D.  
February 26, 2019

6

<b>author</b> 240:16 262:17 329:18	18:1,21 19:15 20:1, 12 21:1,7,12 22:14, 20 23:1,13,18 24:24 25:4,6,7 27:14 28:3, 12,19 29:3,10,21 30:4 31:9,22 32:17 33:6 34:7 35:2,18 36:18,21 37:12,16 38:1,4,8 41:1,9,13 42:10,16,20 45:2,13, 17,22 46:5,14 47:8, 12,20 48:4 49:2,8,16 50:6,11,16,21 51:3, 9,15 52:1,8 53:1,17, 24 54:15,18 55:5,13 56:1,16 57:1,7 58:15 59:7,13,18,23 60:7 61:3 62:6,12,19,25 63:5,11,15,18,22 64:7,15,24 65:7,17 66:5,10,20 67:13 68:1,12 69:1,11,20 70:11 71:1,16,22 72:8,17,22 73:16 74:2,7,11,16 75:3, 10,16,23 76:3,7,11, 15,20 77:2,16 78:1, 11,22 79:10,17,24 80:9,16,20 81:1,6,16 82:5,14,19,23 83:2, 6,10,14,18,22 84:1, 8,16,23 85:7,14,20, 24 86:7,15,20 87:1, 5,12,21 88:3,17 89:3,11,18 90:1,16, 21 91:7 92:1,10,17, 22 93:9,14,18,20,23 94:2,15,22 95:4,9, 15,19 96:1,9,14,21 97:13,21 98:5,10,21 99:4,12,22 100:2,8, 12,19 101:1,6,11,15, 19,23 102:2,8,14,22 103:2,17 104:1,9,14, 21 105:8,13,18,24 106:4,9,15,20 107:4, 17 108:1,24 109:4,14 110:1,11,18 111:8, 18,24 112:3,7,18 113:1,8,10,11,19,24 114:5,10,17,23 115:4,21 116:1,7,14, 19 117:1,9,15,21,24 118:6 119:1,7,16,20	120:5,16 121:3,11,19 122:8,16,21 123:4,9, 19 124:1,7,12,17 125:1,9,21 126:2,9, 18 127:1,8,16,22 128:1,18 129:1,8,12, 19 130:4,23 131:6, 12,16,22 132:5,13,24 133:6,8,17 134:5,20 135:7,17,22 136:8,22 137:5,13,17 138:11 139:23 140:6,14 141:1,6,11 142:1,5, 20 143:15 144:5,11, 22 145:12,24 146:9 148:1,12,18 149:6, 17,24 150:19 151:14 152:9,15 153:20 154:3,5,23 155:5,21, 22 156:7,15,23 157:5 158:1,8,25 159:7,14, 20 160:1,7,22 161:11,24 162:3,10, 16 163:6,15 164:1,9, 14,21 165:5,12,22 166:1,23 167:4,14 168:14 169:1,9,16,24 170:9,23 171:2,6,8, 14 172:4,18,20 173:19,23 174:20 175:10 176:17 177:18 178:1,24 179:21 180:7,20 181:9,21 182:6,10 183:12 185:18 186:4,14 187:4,9 188:3 189:15,22 191:5,22 194:9,18,24 195:7,14 196:2,11,15,18 197:9 198:16,24 203:1,10, 19 205:5,13,17,21 206:19 207:8,14,18, 22 208:6,9,14,19,20 209:10,21 210:5,20 211:1,7,15,21 212:1, 10,16,23 213:8,16,24 214:5,20 215:6,8,11 216:11,16,22 218:3 219:6,12,16,22 220:8,20 221:17 222:14,18 224:3,20 225:11 226:23 227:2 228:3,13,22 229:6,12 232:1,5,11 233:12
<b>authorized</b> 247:9 275:19 294:7 329:11,23 331:10 332:13		
<b>authoring</b> 259:21 260:20		
<b>Availability</b> 82:20		
<b>average</b> 89:12,13,14, 19		
<b>avoided</b> 241:14		
<b>award</b> 120:13		
<b>aware</b> 15:17,21 22:8 107:18,20,25 130:19 132:1 134:1 145:25 166:2 216:10 217:11 240:24 241:2 263:23 265:14,17,20 296:15, 18 297:16,22 298:1 320:19 321:2 322:2, 10,14,17,18 323:10, 11,14,21 329:25		
<b>awareness</b> 193:3 218:25		
<b>B</b>		
<b>back</b> 24:13 32:8 35:14 54:16 65:5 66:19 112:24 133:4 169:22 183:3 184:19 185:1,9 186:12 187:2,3,16 193:21 195:24 200:20,24 217:4 220:9 227:12 228:20 229:1,2 239:17,19,20 253:12 260:15 268:10 269:4,21 270:7,22 276:21 278:12 279:14 295:7 307:8,14		
<b>background</b> 25:22 26:1,3,8 43:25 69:22		
<b>bad</b> 62:4,5 245:18,25		
<b>balance</b> 136:17 232:18		
<b>balanced</b> 73:12 227:20 283:4		
<b>balancing</b> 237:24 285:1		
<b>Baldwin</b> 7:23 10:14 11:4,15,21 12:1,14, 17 13:20,23 14:13 15:7 16:9,23 17:8,17		

234:1,15 235:3,21	192:14	<b>Bennett</b> 196:21
236:6,13,23 237:3,19	<b>based</b> 9:19 27:19	197:12,23 199:1
238:12 239:3,7,9,11,	47:14 74:23 78:14	<b>bet</b> 227:16
14,19,23 244:2,10	80:12 81:19 106:11	<b>big</b> 202:9 230:10
245:4,8,22 246:3,18	122:4 138:17 139:2	262:24 291:18
247:3,15 248:7,10,	149:1 206:14 227:16,	<b>bilateral</b> 313:14
15,20 249:3,6 250:9,	18 249:16 263:11	<b>bill</b> 8:2 181:16
15 251:7,21 252:5,15	306:21	<b>billion</b> 235:13
253:6,11,23 254:22	<b>basically</b> 40:15	<b>bills</b> 175:23
256:4 257:6,11	283:16 292:21 308:4,	<b>binding</b> 315:13
259:4,11,19 260:11,	5	<b>bit</b> 27:4 28:14 68:15
17 261:4,14 263:7	<b>basis</b> 12:10 132:21	73:20 88:24 110:14
264:9,19 265:3,13,	136:9,25 137:1,7,25	293:9 294:5 295:1
19,24 266:6,10,14,20	282:1 292:6 300:7,8	316:3
267:3,6,11,14,19,23	<b>Bates</b> 37:18,24 38:2	<b>blind</b> 58:3
268:3,11,13,17	39:5 62:21 68:4	<b>blindly</b> 302:22 303:4
269:5,9,16,21 270:3,	171:3 172:17 182:16	<b>blissfully</b> 10:2
23 271:2,10,20	196:19 210:7 224:4	<b>blurred</b> 289:17
272:9,14,21 273:4,13	232:6 328:2	<b>board</b> 18:24 19:14,19
274:3 275:2,12	<b>Bates-stamped</b> 42:21	20:6,11,16 21:4,20,
278:14 279:5,11	45:3 94:4 142:8	23 22:5,16,22 23:24
280:1,6,15,20,24	<b>battle</b> 33:22 34:23	24:11,13 26:5,16
281:4,10,16,21	35:22	43:10,21 100:15
282:9,16,23 283:6	<b>bear</b> 272:4	117:22 118:7,9,13,21
284:4,9,15,22 285:7,	<b>began</b> 308:3	119:2 120:1 165:1
13,20 286:2,8,24	<b>begin</b> 11:16 312:11	168:1 171:19,25
287:6,13,20 288:9,17	<b>beginning</b> 7:20 263:17	172:13 173:11,25
289:8,11 290:7,22	313:22,25	174:10,13 176:20
291:5 292:18 293:15	<b>begins</b> 312:8	178:13 182:22
294:11,20 295:13,22	<b>behalf</b> 7:10 8:5,7,18,	183:16,18 184:4,5,
297:3,13 301:18	20,22 16:4,11,18,20,	11,18,24 187:3,15,23
302:5,25 303:7,9	21 52:16 285:24	193:24 214:13 236:15
304:9,18,24 305:6,	<b>behavior</b> 96:5 143:10	250:22 257:25 277:4
12,20,25 307:2	<b>Behavioral</b> 51:11	298:12,17,18,20
308:11,15 309:15	<b>behaviors</b> 109:19	305:11
310:8,15,21 311:2,7,	110:3,20	<b>board-certified</b> 25:24
16 312:1,5,10,13,20	<b>belief</b> 53:15 61:22	<b>boards</b> 29:17 105:2,4
314:7,20 315:4,11,24	72:7 139:18 243:3,23	120:6 248:19 250:9,
316:15,23 317:4,12,	291:1	11,23 258:17 275:25
22 318:18 319:3,7,	<b>beliefs</b> 53:9 290:11	293:19,21
12,16,21 320:2,7	306:23	<b>bone</b> 243:19
321:18,25 322:24	<b>believed</b> 147:19 148:2	<b>book</b> 199:21 200:1,8,
323:8,25 324:22	221:13	11,13,17,21 201:5,7,
325:19,24 326:5,13,	<b>believes</b> 121:25 122:3	13,17,19,21,25
23 327:6,13 328:18,	139:20	202:15 203:6,12,14,
22 329:12 330:3,10,	<b>beneath</b> 302:7 303:3	21,25 204:25 247:9,
15 331:1,17,23	<b>benefit</b> 238:6,24	17,22 248:1,6,7,23
332:8,17,23 333:16,	291:18 314:14	252:9,22 253:8,14,
19	<b>benefits</b> 60:22	17,20,25 254:4,7,9,
<b>band</b> 183:4	237:13,25 238:3	13,17,20 255:4,11,
<b>Barbara/los</b> 190:22	285:2 291:11,23	12,15 257:15,17
<b>bare</b> 143:25		258:7,14,19 259:21,
<b>barriers</b> 189:25		

22,25 260:4,7,23  
 261:6 262:12,17,22  
 263:1,6,10,12,17,20,  
 21 264:3,8,10,20,24  
 273:17,24 274:1,5  
 275:6,21,23 276:12,  
 24 277:4,5,9,19,22  
 278:3,13 283:14  
 292:20,21,24 293:4,  
 5,9,12,17 294:7,17,  
 21 295:1 297:5,10,12  
 323:2 330:8,19  
 331:21  
**books** 105:4 260:8  
 280:18 329:1,3,4,10,  
 14,15,19,22 330:2  
**booths** 120:12,17,19  
**Boston** 174:6 307:16  
**bother** 144:14,17  
**bothers** 144:16  
**bottom** 40:15 57:25  
 65:24 68:8 74:9 86:8  
 140:4 141:20 212:3  
 216:2 222:22 240:2,  
 17 328:3  
**boundaries** 230:15  
 231:24  
**box** 204:13  
**boxes** 51:10  
**branch** 118:12  
**brand** 97:2 212:25  
 235:10  
**branded** 218:12 235:12  
 319:6  
**branding** 222:24  
**Braun** 201:23,24  
 203:11  
**break** 65:11 113:12  
 115:18 169:16 185:16  
 228:14 266:17  
**breakthrough** 114:12  
 115:16,18 116:9  
 120:23 123:21 124:3  
**Brennan** 106:5,22  
**Brian** 8:4 279:19  
**briefly** 247:13  
**bringing** 15:3  
**broader** 325:8  
**broadly** 217:21  
**broke** 54:7 79:18

**broken** 104:4,10  
**Brooke** 7:25  
**brought** 24:13 295:7,  
 25 297:19 324:19  
**BTP** 114:7 116:3  
**budget** 94:20 109:17  
 171:25 172:6 235:11  
**budgeted** 199:5  
**build** 109:6 119:9  
 184:2  
**building** 107:6 114:1  
 123:15  
**built** 294:1  
**bullet** 51:16 74:17  
 76:21 77:3 104:25  
 105:9 116:2,15 117:2  
 119:8 121:20 122:12,  
 17 142:22 172:5  
 212:11 216:2  
**bunch** 63:4  
**bureau** 16:11 48:12,15  
**bureaus** 32:20 48:9  
 138:16  
**Burt** 197:14,23,24,25  
 198:10,14 231:11,13  
 232:7  
**business** 30:8 49:12  
 50:1,18 55:7 57:24  
 69:16 70:1,4 73:2  
 90:23 91:9,10 92:4  
 93:7 140:12,13 184:3  
 232:20 233:21  
**Butrans** 235:10  
**buy** 201:13

---

**C**


---

**CA** 114:7  
**calendar** 94:20  
**California** 7:1,12,16  
 10:9,10,12 13:10,14  
 29:24 38:16,21 40:1  
 43:16 44:12,19 45:25  
 46:9,23 190:23  
**call** 47:17 127:11  
 133:2,12 333:6  
**called** 20:13 21:18  
 23:19 51:5 68:5  
 92:19 94:24 133:10  
 199:24 215:15 223:3  
 247:9 258:22 293:23

295:4,5 320:16  
**Caller** 276:5  
**calls** 56:21 59:2  
 61:18 79:6 97:19  
 99:20 107:13 110:24  
 112:13 122:2 124:23  
 126:23 129:16,24  
 138:3,22 161:4,5,19  
**camera** 325:13  
**campaign** 170:17  
 213:20 216:18,19  
 218:11 219:8 220:24  
 221:22 241:17  
**campaigns** 193:12,15  
**cancer** 26:25 114:12  
 115:19,25 123:21  
 241:15,22 242:12,19  
 244:4  
**Capabilities** 225:17  
**capacities** 143:22  
**capacity** 102:18  
**capitulate** 35:21  
**capture** 147:13  
**captures** 242:8  
**care** 26:23,25 39:9  
 58:1 79:19 85:21,22  
 86:3 95:23 120:6  
 181:10,18 192:14  
 206:22 209:1 229:19,  
 21,24 230:2,4,6,12  
 231:10,15 232:23  
 233:4 235:7 236:17  
 244:23 283:17 298:19  
 302:7 303:4 306:24  
 307:6  
**career** 16:3,13 18:23  
 19:9 26:16,17 29:6  
 32:1 41:5 52:17  
 134:6 143:19 150:12  
 276:19,20 289:15  
 290:12 308:3  
**careful** 78:8 292:22,  
 25 303:17  
**carefully** 130:22  
 244:17 293:3  
**carry** 125:3,12  
**case** 11:12,14 12:8  
 90:12 160:16 187:6  
 194:8 271:4 279:20  
 294:2 295:6,11,18,25  
 296:16,20 297:19,23  
 298:2 312:13 317:3,6

334:2	certified 8:23	clarify 293:11
cases 12:7 316:12,20	298:13,17,18,20	clarifying 187:11
categories 327:25	cetera 42:9 76:19	clarity 269:25
category 325:8 328:25	105:5 111:6 194:5	class 219:25
330:19 331:4,21	198:8 303:15 306:23	clawback 185:25
332:6 333:2	CFF 123:13	clean 55:24 226:9
caught 274:22 278:21	chain 42:22 171:9	228:5
cautious 60:23	178:2 182:11 196:21,	clear 10:22 34:21
cc'd 66:6 188:10	25 239:25 240:17	184:6 209:24 230:15
257:21	chair 12:23,25 21:23	231:24 266:18
ceased 152:19,22	22:4,22 39:12,14,15	268:15,21 291:15
ceilings 176:12	163:7 184:7 193:24	310:19
cell 93:25	209:13 230:11 231:10	Cleveland 7:8
center 13:1 74:9	challenging 290:14	client 185:16,22
98:23	chance 45:5 49:3,9	186:2,3,7 266:9
centerpiece 258:20	change 36:3 112:19	clinic 315:18
central 45:15 229:18	148:20 242:21 278:13	clinical 96:22 103:12
230:2	changed 33:7 148:23	clinician 306:20
CEO 230:9	150:12 217:25 290:9	clinicians 46:18
Cephalon 14:5 18:8,19	changing 227:17	56:15 60:19 103:15
19:6 45:3,24 46:8	Chapters 331:21	136:16 138:7 284:24
58:21 94:6,23 97:15	Characteristics 51:11	clip 63:3
99:17 107:19,21,22	characterization	clips 63:8
108:9 109:5,7 110:2	161:6	close 231:6
111:12 113:14	charged 258:23	closed 153:13 175:4
114:18,24 115:8	charitable 167:20,21	closely 231:24
120:12 121:25 122:3	204:20	closing 153:16,18
123:5 124:8,19	chart 86:9 106:17	CME 40:7,23 42:5 76:8
125:3,12 126:16,17	192:8,18,21	121:15 255:5,8
128:4,11,15,16,20	chief 223:9,11,15	280:23 287:24 288:1,
129:9,21 135:14	children 324:14	6,11,14,22,25 290:3,
159:10,15,22 160:3	choose 139:9	4
161:1,13 173:20	chooses 55:17	CMES 289:4
174:16 178:20 179:23	chose 33:25 246:5	co-compounded 243:18
209:15 248:22 253:19	278:10	coach 127:20 207:8
254:19,25 255:1	chosen 139:15	coaching 127:17
264:21 265:5,14	Chris 278:1	207:25
266:23 269:1 271:5,	chronic 26:21 70:14	coalition 213:5,19
14,24 272:11,17,25	225:21 226:1 259:15	214:8 218:7
273:9 279:21 323:18,	300:24	coalitions 232:17
23 324:1,8,25 326:3	Churchman 7:25 270:20	Coburn 192:3
327:4,16	circumstances 303:12	cohort 309:6
Cephalon' 271:14	Citation 89:8	COI/ETHICS 182:25
Cephalon's 14:19	citations 91:4	collaborate 264:14
105:20 108:3,6	cite 91:18	265:8
109:15 117:5 126:3,	cited 87:24 88:6	colleague 273:25
10 128:5,12 271:15	Civil 271:13	276:18
272:2,25 273:9	clarification 318:8	colleagues 78:23
certainty 35:21	333:20	130:21 273:25 277:2
certification 26:5,16		
298:22		

collected 166:14  
 collection 230:7  
 collective 9:17  
 collectively 260:21  
 column 192:2,21  
 combinations 241:8,17  
 combined 67:18  
 comfortable 37:7  
 264:13  
 comment 35:4 186:20  
 commentary 324:12  
 comments 208:15,17  
 commissioned 293:18  
 committed 173:2 176:5  
 committee 105:3  
 151:16 152:17 153:15  
 154:7 155:14 162:21  
 165:14 166:4,14  
 181:11 182:2 183:1  
 210:16 249:8 250:17  
 committees 99:5,7,11,  
 13 105:4  
 common 42:11 47:17  
 55:20 85:16 86:1  
 87:2 88:4 139:24  
 140:11,15,25 141:14,  
 23  
 communicate 226:14  
 communication 147:15  
 185:24  
 communications 212:12  
 320:12,23 322:6  
 community 32:12 124:9  
 226:1 313:5  
 companies 14:9 15:20,  
 23,24 16:4,25 17:19  
 18:2,5,7,24 19:1,10  
 20:4 22:9 29:22  
 32:14 35:6,23 41:3  
 42:9 44:21 52:17  
 53:10 56:12 57:24  
 58:5,7,12,19 61:11,  
 22 69:10 71:4 86:21  
 130:15,19 132:7,14  
 133:21 134:22 137:23  
 138:20 139:2 149:3,  
 11 150:14 170:20  
 174:6,7 183:22 195:4  
 204:16 209:12,16  
 218:21 221:7 230:8  
 235:1 258:14 259:13,  
 14 260:2 265:4

273:14 282:7,12,14  
 285:10,25 286:10,11,  
 12,18,22 287:3,11,16  
 289:18 290:12 291:2  
 292:11,12,15 315:7,  
 14 318:10 321:11  
 329:9,13 332:22  
 companies' 52:18  
 companion 204:14  
 company 16:20 19:17  
 20:7 29:13,16 30:20  
 32:2,23 33:9,10,11  
 34:9 35:12 36:23  
 38:18 42:6 47:21,22,  
 23 53:19 54:23 56:7  
 68:8,9 69:3 98:20  
 139:16,19,25 140:16,  
 20 141:15 142:13,14  
 144:23 147:13 170:4  
 201:2,8 218:5,10  
 220:14,22 221:8,15,  
 23 222:11 225:22  
 226:8,17,22 227:21  
 228:7 234:3,16,20  
 235:18,22 238:2,14  
 244:24 260:1 273:23  
 282:20 288:16 290:19  
 294:9 295:11 304:5,  
 15 305:5,11 320:13,  
 16,21,24 321:3  
 322:7,12 323:11,18  
 330:1,6 331:15  
 company's 56:18  
 141:20 147:5,20  
 Company,' 38:18  
 Compare 105:14  
 compared 106:24  
 225:17  
 compares 106:16  
 compensation 16:19  
 31:23,24 53:15  
 competencies 202:6  
 competition 147:10  
 compilation 160:2  
 complete 9:21 175:18  
 completed 26:14  
 completely 30:24  
 41:25 110:16 221:5  
 277:10 325:25  
 complex 49:20  
 compound 195:17  
 218:17

comprehensive 142:23  
 compromising 225:24  
 concepts 274:10  
 310:19  
 concern 110:19 182:23  
 283:17  
 concerned 182:20  
 231:2,3 241:21  
 concerns 83:23 236:25  
 concise 36:19 127:1  
 conditions 11:1  
 218:24  
 conduct 120:6,9  
 122:13 231:19  
 conducted 179:3  
 180:11  
 conference 46:15  
 202:8  
 conferences 134:25  
 confirm 156:4  
 confirmed 173:16  
 confirming 175:5,6  
 conflict 150:4,9  
 184:1 276:6  
 conflicted 306:5  
 conflicts 58:3 231:23  
 Congress 232:25  
 congressionally  
 181:19  
 Connecticut 306:15  
 connection 152:25  
 153:1 201:7,10  
 315:22 316:18 321:10  
 326:19  
 Consensus 101:20  
 consent 312:18 313:18  
 314:11  
 consideration 64:13,  
 16,18  
 considered 11:18  
 69:8,12 85:11 86:2  
 118:9 211:8  
 consistency 269:25  
 consistent 79:12  
 222:12 246:13 294:22  
 310:22  
 consult 186:1,3,7  
 consultant 19:10  
 122:13  
 consulting 19:16 20:3

SCOTT FISHMAN, M.D.  
February 26, 2019

11

<b>consumer</b> 23:9 230:9 231:18 234:12 235:19	<b>controlling</b> 330:1	20,21,23 96:6,11,17,
<b>consumers</b> 23:15 170:18 175:21	<b>controversial</b> 274:21	23,25 97:3,9 98:7,9,
<b>contact</b> 107:11 225:21 258:4	<b>conveyed</b> 140:19	15,18,24 99:1,5,24
<b>contacts</b> 130:21	<b>convinced</b> 194:7	100:3,16,21 102:11,
<b>contemplating</b> 209:4	<b>coordinated</b> 147:14	25 104:5,13,23
<b>content</b> 221:14 274:9, 17,18 278:12 279:3	<b>coordinating</b> 180:21, 25	105:5,10,15,21
287:18 288:23 293:9	<b>copied</b> 198:22 199:10 270:2	106:6,12 107:12
297:2,5,12 325:12	<b>copies</b> 25:3,4 63:6,25 254:9 255:15 257:7	108:21 109:1,3,10,21
329:6,10,14 330:1	267:10 268:14 269:15	111:25 113:6 114:2,
331:10,14 332:15,19	276:23,24 277:25 297:10	19,25 116:4,21
<b>content-wise</b> 325:11 330:25	<b>copy</b> 63:1,10,11,12, 14,25 64:10,20,23	117:3,12,18,25
<b>contention</b> 230:21	93:18 266:5,8,12,14, 17,19 267:13,17	118:3,5,7,8,23
<b>contents</b> 310:6	269:7,13,21 276:16	119:4,10,13,21
<b>contested</b> 261:24	<b>cord</b> 194:4	120:7,13,17,24
<b>context</b> 195:20 209:13 213:3	<b>core</b> 202:6 229:17	121:6,13,14,16
<b>continual</b> 226:5	<b>corner</b> 154:9 162:17 328:3	122:1,10,13,18,23
<b>continue</b> 34:23 88:22 127:9 186:13 242:22	<b>Cornwell</b> 65:20,22 66:11	123:1,6,11,12,16,22
298:21 299:12	<b>corporate</b> 146:17 147:10 232:15 235:9 327:21	124:4,9,14 125:14,23
<b>continued</b> 24:10 96:3 149:10 265:9 272:17	<b>correct</b> 13:8,12,16 14:25 16:24 17:18,22	126:4,11 128:6,21
<b>continues</b> 120:22	20:14,18 21:4,9,18, 22,24 22:6,17,23	131:9,18 132:9,15
<b>continuing</b> 9:12 38:20,22 40:8 134:9 288:2	23:15,21,23 24:4,8, 11,17 25:16,18 26:2, 10 29:6 33:5 35:8	134:10 135:1 137:2
<b>contract</b> 43:8 48:17 175:3 313:13,14	36:11 37:21 38:10, 13,24 39:3,13,18	142:11,25 146:18,21, 22 150:22,25 151:1, 2,5,8,21 152:3,19
315:2,3,9,17,22	43:3,6,11 44:3,7,8,9 45:4,9,18 46:1,7,10, 20 49:13 50:8,18	154:10,14,18 155:10, 25 156:4,5,9,18
<b>contracts</b> 313:10,20 314:3,4,10,13,17,18 315:22	53:19 54:23 55:7 56:7 57:4,6 59:20,22 61:7 62:9 65:20,25	157:1,8,11,14,17,20, 22 158:3 159:22
<b>contradiction</b> 34:25	69:14,17 71:18 72:12 74:14 75:20,25 76:24	160:8,20,25 161:10, 22 162:7 163:16
<b>contrast</b> 105:14	77:12 78:24 79:14,20 80:11,13,14 82:2,11, 16 84:4,13,20,25	164:16 165:16
<b>contrasted</b> 106:24	85:3,12 86:4,24 88:7,9,20,21,25 89:5	166:15,25 168:4,21, 22,24 170:5,11
<b>contributed</b> 255:22	90:25 91:13,15 93:23 94:11,20 95:6,12,14,	171:4,16,20,22,23,25
<b>Contributing</b> 330:20		172:7,22,25 173:1,5, 8,13,16 174:1,4,11, 12,16 175:13 176:15
<b>contribution</b> 279:2		177:13 178:8,14
<b>control</b> 130:16 276:25 278:2 287:17 315:8 329:10,14		179:7 180:23 181:2, 15 182:3,14,17
<b>controlled</b> 59:20,25 60:14 144:24 250:4 282:15,21 315:1 331:15 332:18,21		189:3,6,8,17 190:3, 17 191:12,16,25

232:8,13 236:17  
 237:6,9 239:25  
 240:18 242:25 243:3  
 244:6,9 245:5,7  
 246:6,23 247:10,18,  
 22 248:1,25 249:24  
 250:5 252:1,6,10,19,  
 23 253:8,14,17,20  
 254:4,7,14,17,20  
 255:5,6,16,17  
 256:12,18 257:13  
 258:1 262:17,21  
 263:19,25 264:4  
 266:22,24 271:5  
 273:18 275:13 277:7  
 279:25 280:14  
 281:15,17 285:6,12,  
 19,21,25 286:4,6,19,  
 23 287:5,12,14 288:7  
 290:23 291:4 292:17  
 293:1,6,7,14 294:18,  
 19 295:21,23 297:2,9  
 298:6,7,14 300:2  
 301:12 307:1 308:14  
 311:3,6 313:6 315:10  
 316:13 318:11,17,25  
 321:24 325:4 326:4,6  
 327:11 329:11 330:2,  
 9,14 332:22  
**corrected** 171:6  
 246:21  
**correctly** 43:18 94:9  
 147:6 183:9,11  
 199:7,15 205:25  
 225:3 229:22 271:17  
 272:6 276:7 283:12  
**cost** 58:6  
**costs** 40:17,25  
**counsel** 7:18 8:15  
 9:23 10:13 11:3  
 14:10,16,19,21 15:8  
 36:15 55:11 64:3  
 127:18,21 143:14  
 269:14 271:15  
**counsel's** 121:7 208:4  
 220:2  
**country** 12:8 40:9  
 184:6 316:4  
**County** 7:9  
**couple** 63:25 279:20  
**coupons** 82:20  
**courses** 40:8 41:5,24  
 42:1,2

**court** 7:8 8:23  
**cover** 30:23 31:6  
 142:13 203:21  
**coverage** 190:10,19  
 192:10  
**covering** 40:17  
**cowrite** 201:17  
**create** 25:12 132:22  
 133:22 182:2 225:25  
 226:21 269:24  
**created** 94:24 132:15  
 181:11 281:9 282:7  
**creates** 226:9  
**creates/builds** 147:1  
**creating** 132:18  
 137:21 181:11  
 224:16,25 246:11  
**credit** 288:3  
**crime** 265:15  
**criminal** 264:15,25  
 265:10 267:21  
 272:18,25 273:10  
**crisis** 261:25  
**criteria** 314:12  
**critical** 94:19 96:16  
 111:10,12 113:21  
 114:1 116:20 123:13  
 124:21 125:3 126:3  
 303:13  
**critics** 109:21  
**cross-fertilized**  
 52:14  
**CSF** 123:13  
**culminated** 9:11  
**current** 12:22 109:21  
 172:6  
**Customers'** 51:5  
**CV** 298:9,12 327:24  
**cycle** 97:2

---

**D**


---

**dangerous** 93:10  
 144:24 242:13 293:2  
**Dashboard** 210:13  
**data** 67:9,18  
**datasets** 306:23  
**date** 10:20 142:16  
 146:20 158:10 173:7  
 190:9,13,16 307:8

**dated** 43:2 45:8 65:24  
 94:11 162:21 171:21  
 174:8,9 175:11  
 178:11 197:5 224:6  
 240:18 257:12  
**dates** 24:14  
**Dave** 276:17  
**David** 273:24 274:4  
 275:6  
**Davis** 13:1,5,10,15  
 29:24 38:17 39:2,8,  
 21 40:2 41:2 45:25  
 46:9,24  
**Davis'** 44:12  
**Davis/ucd** 38:21  
**day** 66:16 150:6  
 173:11 227:17,19  
 277:13 307:14 333:7  
 334:5  
**days** 32:8,11 39:14  
 143:19 173:24 201:12  
 314:12,13,23  
**DEA** 277:1  
**dealing** 26:18  
**dealings** 130:25 131:1  
**Dear** 198:17  
**deceitful** 222:2  
 226:24 228:4 235:6  
 236:8 238:13,21  
 243:1 245:11 246:7,  
 23  
**December** 49:12 174:9  
 175:11 178:8  
**Dechert** 8:2,22  
**decided** 149:19 184:18  
 248:6,14 315:8  
**deciding** 301:23  
**decile** 75:6 80:2,6  
**deciles** 74:13 75:11  
**decision** 150:2 214:6  
 217:25 238:8 301:5,  
 10,12,17 302:3  
**decision-making**  
 137:10 138:20  
**decisions** 60:20  
 138:1,8 149:16  
**decreased** 62:1  
**deep** 57:14  
**defendant** 8:5 12:3,6,  
 7 14:25 15:4,23  
 133:20 271:14 316:3

<b>defendants</b> 8:8 9:7,18 11:12,18 12:4 20:21 22:9 64:5 112:8 131:8 133:20 279:20 287:17 296:16,19 297:20,23 298:2 317:3,8	<b>details</b> 179:16 259:24 <b>determine</b> 55:22 90:24 99:14 <b>determining</b> 238:5 <b>develop</b> 107:7 232:17 <b>developed</b> 249:15 294:8 303:25 309:14 325:11 330:24 332:15 <b>developing</b> 37:10 217:7 260:4 274:11 <b>development</b> 94:6 96:23 97:2 109:18 113:14 128:20 204:14 <b>device</b> 42:9 303:15 <b>devices</b> 304:1 <b>diagram</b> 98:22,23 <b>dialogue</b> 11:2 <b>differed</b> 299:4 <b>differently</b> 136:18 218:1 267:24 <b>difficult</b> 138:25 303:10 <b>dimensions</b> 68:19 <b>dinner</b> 305:4 <b>dinners</b> 132:8 <b>direct</b> 32:16,22 58:11 69:8 71:13 132:18 275:17 294:12 295:9, 10 <b>directed</b> 183:2 <b>direction</b> 187:2,22 <b>directions</b> 272:5 <b>directly</b> 29:13,16 32:3,10 33:8 61:11 149:11 198:14 218:10 220:22 226:14 264:23 320:15 321:3 322:11 <b>director</b> 13:1 105:3 118:18 <b>directors</b> 118:13 183:18 184:11 187:15 214:13 236:16 <b>Disabled</b> 204:20 <b>disagree</b> 27:15 127:24 248:24 276:9 <b>disagreed</b> 290:18 292:7 330:8 <b>Disc</b> 186:8,12 270:8, 22 334:8 <b>discerning</b> 136:21	<b>disclose</b> 238:3 277:21,25 311:5 314:19 <b>disclosed</b> 185:24 314:5 327:10 <b>disclosing</b> 218:14 <b>disclosure</b> 221:21,24 222:7,8 <b>discuss</b> 283:5 <b>discussed</b> 66:16,25 114:24 162:4 182:21 188:18 194:4 263:23 <b>discusses</b> 102:10 <b>discussing</b> 170:1 200:9 229:14 <b>discussion</b> 182:25 260:14 270:6 275:16 279:13 284:2 325:17, 21 <b>discussions</b> 10:3,21 11:6 284:7,12 <b>disease</b> 60:25 <b>diseases</b> 218:23 <b>disk</b> 112:19,24 <b>disruptive</b> 17:9 127:3 <b>disseminated</b> 212:3 296:19 <b>dissolved</b> 152:21 168:19 <b>distance</b> 193:25 <b>distinction</b> 158:23 208:8 329:22 <b>distribute</b> 201:5 <b>distributed</b> 199:4 200:10 275:23 <b>distribution</b> 200:7 247:21 248:1,23 253:14,16,20,25 254:3,7,13,17,20 256:7 276:1 <b>District</b> 7:8 269:1 <b>disturbed</b> 187:14 <b>disturbing</b> 183:7,14 185:5,6,7 186:21 187:1,23 <b>diverse</b> 109:9,19 241:8 <b>diversion</b> 284:13 287:12 <b>DJO</b> 173:4
<b>defending</b> 11:12 15:19 <b>defense</b> 225:24 226:15 <b>define</b> 104:25 142:23 <b>defined</b> 143:23 267:7 <b>definition</b> 30:17 143:3,6 <b>definitions</b> 143:3 <b>degree</b> 27:16 212:22 <b>deliver</b> 109:20 110:22 <b>delivered</b> 110:5 <b>delivering</b> 303:14 304:1 <b>delivery</b> 108:19 319:19 <b>demonstrated</b> 90:23 <b>Dennis</b> 66:11,22 <b>department</b> 12:24 45:7 232:12 <b>depend</b> 220:4 <b>depending</b> 10:20 144:17 <b>depends</b> 53:11,12 144:20 218:19 247:5 <b>Depomed</b> 167:6 <b>deponent</b> 11:13 <b>deposition</b> 7:6,11 9:6,12,25 10:1,19 11:2,7,10,13,21 15:12,16,18,22,25 63:13 64:8 113:6 127:4 141:8 207:18 334:10 <b>depositions</b> 64:6 <b>describe</b> 30:12,14 <b>description</b> 275:15 <b>design</b> 179:2 180:10, 17 <b>designed</b> 180:18 <b>designing</b> 180:12 <b>detail</b> 9:10 88:12,24 132:2 302:18 316:3 <b>detailed</b> 241:18 <b>detailing</b> 76:12 86:22 136:2 137:19 140:2		

<b>doc</b> 85:19	<b>draft</b> 124:24 126:25	<b>e.g.</b> 143:8
<b>docs</b> 85:12	276:17	<b>earlier</b> 26:16 35:10
<b>doctor</b> 55:19 86:13	<b>drafted</b> 129:9,21	52:17 68:16 114:24
113:5 135:24 226:15	<b>drafts</b> 276:24 277:5	150:11,20 153:11
279:19 297:16 298:9	<b>drive</b> 291:20	159:21 169:25 263:23
<b>doctor's</b> 133:2,11	<b>driven</b> 296:12,14	281:20 291:1 333:11
137:1	<b>dropped</b> 304:23	<b>early</b> 32:8,11,24
<b>doctor-patient</b> 220:12	<b>drug</b> 14:9 49:20 96:23	33:1,15 34:8 48:8
221:19 227:7,25	132:7,14 170:20	143:19 201:8,12
<b>doctors</b> 74:12 80:2	214:18,25 217:12,23	242:13 261:11
86:4 88:18 132:8,9	218:9,21 219:13,15,	262:23,25 276:19,20
135:25 141:18 201:9	17,20,24 220:22	290:11 297:10
242:3 243:2,13	221:6,8,15,24 235:17	314:12,13,23
305:16	237:14 238:3,4,7,14,	<b>easier</b> 290:9
<b>document</b> 9:6,21,22	16,17 241:21 242:3,	<b>Eastern</b> 269:1
25:12,15 37:17 39:2	9,15 243:15,17	<b>edit</b> 274:8,17 277:21
45:5 49:4,11 63:22	244:3,5,13 258:14	278:9
110:24 121:8,12	276:25 278:2 303:14	<b>edited</b> 273:17,23
122:4 123:24 124:24	<b>drug's</b> 272:5	275:18 329:15
126:11,24 128:6,19	<b>drugs</b> 52:12 56:13,15	<b>editing</b> 275:6,21
129:18 130:1 142:6,	57:20,21 58:6,13	<b>edition</b> 256:11,13,17,
9,24 146:8,16	61:24 62:2 75:5	20 258:13 260:5,10
158:10,25 159:9	82:24 91:23 99:14	262:3 277:19,20
160:15 161:20 162:11	145:11 200:18	295:4,5
163:3,5,21 185:17	201:11,12 219:25	<b>editions</b> 261:20,21
189:2 198:18 208:24	249:17 277:12 283:16	294:23 295:2,3
210:6,8 211:9	293:2 295:12,20	<b>editor</b> 223:8,11,13,15
222:19,22 226:12	<b>due</b> 96:5 176:6 272:25	329:18 330:20
236:24 266:21 267:6,	<b>dues</b> 173:4	<b>editorial</b> 105:2
18 268:6 269:2,7,13,	<b>duly</b> 9:2	<b>editors</b> 101:2
23 270:1 323:1	<b>Duragesic</b> 68:6 70:9	<b>Editorship</b> 330:20
327:17,25	74:13 80:2,6	<b>edits</b> 274:15
<b>document-related</b>	<b>dying</b> 243:17	<b>educate</b> 29:2 52:13
10:20		98:12 217:17 218:7
<b>documentation</b> 269:18		250:9,21 284:19
<b>documents</b> 37:23 64:10		<b>educated</b> 244:12
65:18 101:20 138:13		<b>educating</b> 23:11 56:14
139:8 313:9 322:22		71:24 237:22
332:16		<b>education</b> 17:21 19:18
<b>dollar</b> 111:20 112:11	<b>e-mail</b> 10:16 42:22	23:9,16 27:4,8 28:6,
<b>dollars</b> 86:22 137:23	43:2,13 62:20,21	14 31:25 32:3 33:10,
140:1 202:21 253:14,	65:19,22 66:7,14,22	25 38:20,22 39:22
19,24 254:3	67:15 68:3 93:21	40:2,8 41:5,16 46:6,
<b>donated</b> 167:22	171:9,15,21 172:9,10	22 47:15,16,22,23,24
<b>donating</b> 170:20	173:10 174:8 175:11	53:8,16 60:9,10
<b>donations</b> 167:21	178:2,6,10 180:8	61:1,13 72:11,24
<b>doors</b> 153:14	182:11,16 186:5	73:8 83:15 84:12,18
<b>dosage</b> 176:12	188:4,6,10,24 196:7,	85:11 86:2 87:15
<b>doses</b> 145:16 292:4	20,25 197:3 199:1,9	110:4 134:10,25
<b>doubt</b> 59:17 217:25	205:8 206:7 209:4	136:2 137:22 140:3,
<b>downsizing</b> 147:11	228:24 229:15 239:24	17 141:16 149:12
	240:17,22,23 257:12	202:6,19 226:5 237:5
	258:2	
	<b>e-mails</b> 9:11 10:23	

246:11,12,17 251:16	169:12 170:7,15	<b>endorsements</b> 124:13
252:17 258:20 280:5,	172:2 173:17 181:13	<b>endowed</b> 12:25
8,12 283:25 288:2	196:14 205:3 208:3,7	<b>ends</b> 40:11
291:19 324:12	210:18,23 211:5,10,	<b>engage</b> 78:16 79:4
<b>educational</b> 33:20	18,24 212:8,15,19	109:10 319:25
46:1 120:10 281:3,14	213:7,11,22 214:3,10	<b>engagement</b> 20:10
<b>Educationally</b> 332:2	215:2 216:7,14,20,25	103:14
<b>educators</b> 246:15	217:2 218:15 220:18	<b>engagements</b> 217:16
<b>effect</b> 86:12 91:18	223:25 227:10 238:25	<b>English</b> 278:11
234:19	245:16 249:2 251:19	<b>Enhancement</b> 205:22
<b>effective</b> 179:20	253:9 256:3 257:3	<b>enter</b> 271:15
242:4 251:16 252:18	258:9,11 259:10,18	<b>entered</b> 272:11 317:9
<b>effectively</b> 61:24	261:1 268:15,22	<b>entire</b> 146:8 269:20
109:9,20 110:22	270:13,18 273:3,11	<b>entities</b> 14:6,9
<b>efficacy</b> 226:6	<b>Eighteen</b> 229:10	158:24 160:3,9,15
<b>effort</b> 136:19 175:20	<b>Elan</b> 204:21	161:2,14,20 174:19
206:21 208:25	<b>electives</b> 307:19	321:14,15 322:23
<b>efforts</b> 9:5 30:19	<b>elements</b> 139:12	<b>entities'</b> 14:15,21
51:12,17 57:3 134:4	<b>else's</b> 282:4	<b>entitled</b> 46:15 119:13
137:22 147:5,15,20	<b>embraced</b> 292:10	142:9 189:5
172:7 176:18 177:13	<b>emergence</b> 147:10	<b>entity</b> 159:11 226:7
180:21,25 183:17,18	<b>emergency</b> 170:5,10	<b>Entry</b> 268:24
232:25 258:6	172:7,21 173:13	<b>EOY</b> 175:13
<b>egregious</b> 245:19,24	174:14,23 178:6,19	<b>equal</b> 242:15
246:7	<b>emerging</b> 258:15	<b>ER</b> 49:12,23 50:23
<b>Ehsan</b> 8:6 11:16 14:11	<b>emphasized</b> 312:22,23	51:22 257:18
19:12,21,23 23:17	<b>employed</b> 188:14	<b>Ercole</b> 8:4 10:15 15:6
29:8 31:3 33:12	<b>employee</b> 66:2 107:18,	16:7,16 17:4,6,14,23
41:11 42:15 49:14	20	18:17 20:8,25 21:6,
50:9,14,19,25 51:7,	<b>employees</b> 15:24 66:6	10 22:12,18,24 23:5
13,24 52:3 53:4,21	196:22 197:4,11,21	27:12 28:1,17,23
54:25 55:9,15 56:8	199:2 239:25	29:19,25 32:6 33:4
57:5,11 59:11,16	<b>encompassed</b> 133:19	34:14,17 36:12 37:3
64:3,12,18 66:4,9,17	<b>encounter</b> 241:22	41:7,22 45:10,16,19
67:11,23 68:10,24	<b>encourage</b> 59:24	46:3,11 47:4,19,25
69:18 70:6,21 71:19	<b>encouraging</b> 61:5	52:22 53:5,22 54:6
72:4,13,21 73:4	<b>end</b> 47:7 150:6 153:18	55:1 56:10,21 58:25
74:1,9,15 75:1,21	186:8 221:8 270:8	59:2,10,21 60:3,16
76:1,5,10,13,17	277:13 308:2 334:8	61:18 62:10 63:10,
77:1,13,23 78:3,19	<b>end-of-year</b> 176:5	12,16 69:5 71:10
79:6,15,22 80:4,15,	<b>ending</b> 39:5 164:22	72:5 74:25 75:7,15
19,22 81:5,13 82:3,	173:11 205:17	77:14 86:25 87:4
12,18,21,25 83:4,8,	<b>Endo</b> 173:3,4 174:3,5	94:12,21 95:1,7,13,
12,16,20,25 84:5,14,	175:13 176:4 177:9,	18,24 96:7,12,18
21 85:4,13,17,23	10,11,19 178:20	97:10,18,24 98:8,17
86:5,14,19 87:10,18	179:1,23 180:8	99:3,9,19,25 100:4,
88:2,14 89:1,9,16,22	209:15 251:14 253:16	10,18,22 101:3,8,13,
90:5,19 91:1,14	254:6 255:7,14	17,21,25 102:6,12,19
92:6,14,20 93:3,13,	262:15 264:21	103:1,8,23 104:6,12,
19,21 137:15 142:18	<b>endorsement</b> 116:17	19 105:6,11,16,22
153:7 162:14 163:2,	117:3	106:2,7,14,19 107:2,
12,21 164:6,12,17		13,23 108:22 109:2,
165:3,9,17 167:1,9		

11,22 110:7,13,23  
 111:15,21 112:1,5,13  
 113:16,22 114:3,9,  
 14,20 115:1,23  
 116:5,11,18,22  
 117:7,13,19 118:4,24  
 119:5,14,19 120:3,  
 14,25 121:7,17  
 122:2,14,19 123:2,8,  
 17,23 124:5,11,15,23  
 125:6,15,24 126:5,  
 12,21,23 127:6,13,  
 19,24 128:7,23  
 129:5,11,15,24 130:6  
 131:4,10,14,19  
 132:4,11,16 133:13,  
 25 134:12 135:2,4,  
 15,21 136:6,12  
 137:3,12 138:3,22  
 140:5,8,21 141:21  
 145:21 149:5,14,21  
 150:15 151:9 152:5,  
 14 158:21,23 159:5,  
 8,17,24 160:5,14  
 161:4,18 162:8  
 168:23 172:16,19  
 173:21 174:17,25  
 176:16,22 178:23  
 182:4 187:8 193:17  
 194:23 218:17 219:9,  
 14,21 220:2,17 221:1  
 222:3 224:18 228:9  
 231:21 234:7,23  
 235:14 236:11,18  
 237:17 238:19 239:1  
 245:3,6 248:3,5,8,12  
 249:1 252:2 253:21  
 254:21 261:8 262:19  
 265:11,16 266:5,8,  
 12,16,25 267:2  
 269:6,12,19,24  
 271:6,18 272:8,13,19  
 273:19 277:23  
 279:12,17,19 280:3,  
 9,17,22 281:1,6,12,  
 18,23 282:13,18  
 283:1,8 284:6,11,17  
 285:3,9,15,18,22  
 286:5,16 287:1,8,15,  
 22 288:10,20 290:1,  
 16,24 292:14,23  
 294:3,16,24 295:15,  
 24 297:7,15 301:20  
 302:9 303:2 304:2,

11,20 305:2,8,14,22  
 306:10 307:4 308:12,  
 19 309:17 310:10,17,  
 23 311:4,9,18 312:3,  
 7,16 313:1 314:16,24  
 315:6,19 316:1,17  
 317:1,7,15 318:1,22  
 319:5,9,14,18,23  
 320:4,8 321:21 322:1  
 323:4,9 324:3,24  
 325:20 326:2,8,18  
 327:1,8,22 328:19,24  
 329:20 330:5,12,17  
 331:3,19 332:1,10,  
 20,25 333:4 334:3  
**errors** 274:22  
**ESP** 120:17,19  
**establish** 105:9  
 109:7,17 116:2,8  
 119:25 124:2,8  
**Establishing** 224:22  
**establishment** 226:4  
**estimate** 261:17 263:2  
**et al** 7:7  
**Eugene** 190:21  
**euphemism** 330:13  
**evaluating** 84:3  
**evening** 279:18  
**event** 199:7  
**events** 76:8 77:7  
 89:13  
**eventually** 255:4  
**evidence** 71:14  
**evolution** 78:7 289:22  
 294:23  
**evolved** 289:14 314:22  
**exact** 24:14 259:24  
 261:2 300:3  
**examination** 9:17,18  
 12:16 279:16 296:25  
 333:25  
**examined** 9:2  
**examples** 58:7  
**exceeding** 235:12  
**Excel** 66:14,23  
**excellent** 318:8  
**exception** 34:20  
**excerpt** 203:20 248:6,  
 10,12,15 256:14  
**excerpts** 297:9

**excessively** 62:9  
 291:17 292:2  
**exchanges** 10:16  
**exchanging** 230:17  
**excuse** 299:25 300:5  
**executed** 45:14  
**execution** 50:13  
**executive** 12:23  
 118:11,18,19 120:1  
 194:25 195:10  
**executives** 117:17  
 118:2,9,10,11,14,16,  
 23 240:14  
**exercise** 301:15 302:2  
**exercised** 301:22  
**exercising** 304:6  
 305:16  
**exert** 92:25  
**exhibit** 24:20,23  
 37:14,15 42:18,19,21  
 44:25 45:1 48:24  
 49:1 62:17,18,20  
 63:3,9 64:2,20  
 65:12,18 93:16,17,24  
 94:3 120:11 142:2,4,  
 8 146:5,6 154:1,2  
 155:16,18,20,21  
 158:5,7 161:25 162:2  
 165:23,25 170:24  
 171:1,3 177:23,25  
 182:8,9 188:1,2,4  
 196:12,17,19 203:16,  
 18,20 210:3,4 215:6,  
 9,10,12 222:16,17  
 223:2,24 224:2,4  
 228:24 232:3,4,6  
 239:5,8,24 247:12,14  
 248:9 249:4,5 257:1,  
 4,5 266:1,4,9 267:16  
 268:16,23 269:3  
 270:25 271:1,3  
 274:25 275:1,3 298:9  
 327:24  
**exhibited** 248:15  
**exist** 167:25 168:3,22  
 243:23 289:14  
**existed** 289:4  
**Exit** 202:11 203:3,20  
 204:14 229:3,5  
**expand** 258:20 288:19  
**Expanded** 295:5

expanding 242:16,23  
**Expansion** 205:22  
**expect** 235:5  
**expectations** 242:2  
 313:16  
**expected** 246:11  
**expedite** 270:17,19  
**expenses** 31:1,8  
**expensive** 40:13  
**experience** 25:9 27:8,  
 20 47:14 58:12,16,22  
 102:16 138:18 241:7  
 303:23  
**experienced** 303:24  
**experiences** 282:3  
 294:14  
**expert** 43:10 213:10  
 298:5  
**explain** 57:9 142:23  
 167:17 243:14  
**explicitly** 183:2  
 310:18  
**exploration** 50:8  
**expressed** 281:13  
 293:12 294:6  
**extended** 49:24  
 244:18,19,20  
**extensive** 241:7 328:1  
**extent** 54:12 103:24  
**external** 147:1 210:21  
 211:16  
**extra** 64:10 93:18  
 154:4 267:13  
**extractions** 243:19  
**extremely** 242:12  
**eye** 278:25

---

**F**


---

**fact** 35:5 54:7 71:15  
 90:2 111:2 112:17  
 139:7 182:24 194:3  
 196:7 204:24 216:17  
 238:14,15 243:5  
 245:14,23 281:19  
 292:15 296:25 299:17  
 305:15 306:6,24  
 325:21 327:17 330:6  
**factor** 81:21 84:19,24  
 126:3

**factors** 75:18,24  
 76:16 77:6 81:22  
 82:7,9,11,15 84:2  
 87:16 113:21 114:1  
 116:20 123:13 124:21  
 125:4  
**facts** 227:16,19  
**factual** 132:21  
**faculty** 307:23,24  
 308:1  
**fair** 16:13 19:20 20:7  
 25:8 26:18 29:24  
 139:12 152:11 248:12  
 280:5,19 281:3,8  
 282:5,22 283:4  
 284:20 286:1 290:4,  
 17 294:8 295:2  
 301:3,17 303:3  
 305:19 308:6,9,21  
 309:14 310:11,24  
 311:14 312:9 313:11  
 314:6 315:3,20 316:5  
 317:8,21 318:2,14  
 319:24 320:9 323:12,  
 19 324:18 326:9,12  
 329:21 330:23 331:16  
 332:11  
**false** 25:15 297:16,  
 18,22 323:14,23  
 325:17 326:20 327:3  
**familiar** 24:15 44:11  
 65:21 108:6,13,15  
 115:5,7 120:19 126:7  
 134:7 171:9,13 178:4  
 182:12 197:10 212:17  
 229:24  
**favor** 181:5 207:1  
**FDA** 34:1,2 105:2  
 255:9 258:15,16,24  
 271:25 318:24  
**February** 7:2,13 65:24  
 94:11  
**Federal** 232:8,12  
 271:12  
**Federation** 248:19  
 257:24 258:16 275:25  
 293:18  
**fee** 31:10  
**fee-for-service**  
 165:20  
**fee-for-services**  
 165:7

**feedback** 274:1,9  
**feel** 36:3 37:7 89:21  
 90:2 92:23 93:4  
 130:9 150:4 159:13  
 187:19 221:4 233:13  
 242:8 264:13 291:21  
 333:8  
**fees** 19:9,16 20:3  
**fellow** 307:18,22  
**fellowship** 299:24  
 307:25 314:3  
**felony** 240:8 263:24  
**felt** 35:23 53:8  
 230:14,20 277:8,12  
 278:25  
**Feltz** 276:5  
**fentanyl** 108:18,20  
**Fentora** 108:15  
 114:19,25 115:6,13  
**field** 52:15 69:9  
 107:10 198:2 233:1  
 306:7 312:23 313:2  
**Fifteen** 257:9  
**figure** 258:24 275:10  
**files** 45:15  
**Final** 188:23 189:6  
 196:4  
**Finance** 152:17 153:15  
 154:7 155:14 162:21  
 165:14 249:8  
**financial** 30:24  
 153:1,11,22,23 155:7  
 162:6 170:2,4  
**financially** 178:5  
**find** 58:14 180:5  
 218:21,25  
**fine** 12:14 38:3  
**finish** 310:2 334:4  
**finished** 42:23 55:14,  
 16 160:6  
**firewalls** 183:20  
**FISH** 171:3 182:16  
 328:2  
**Fisher** 8:20  
**Fishman** 7:6,22 8:10,  
 12,13 9:1,7,12 12:6,  
 21 39:12 43:2 54:19  
 55:16 56:2 64:4 65:8  
 87:25 119:17 128:2  
 155:6 159:16 169:25  
 196:20 208:21 223:9

SCOTT FISHMAN, M.D.  
February 26, 2019

18

228:23 237:4 239:24  
260:18 266:21 269:11  
270:24 275:19 295:6  
316:2 320:11 323:10  
**Fitzgerald** 66:12  
**fix** 277:16  
**flawed** 289:24  
**focus** 179:17 242:23  
299:18,20  
**focused** 57:25 277:11  
**folder** 267:15  
**folks** 49:6 255:21  
**follow** 63:13,16  
172:17  
**follow-up** 120:23  
**foot** 296:14  
**force** 67:6 232:24  
**forced** 34:2 35:24  
**forecast** 50:24  
**forget** 64:10  
**form** 14:11 16:6,15  
17:4,23,24 18:17  
19:11,22,23 20:8,25  
21:6 22:12 23:4,5,17  
27:11,12,25 28:1,9,  
17,23 29:7,8,18,19  
31:3,4 32:6 33:3,4,  
12 34:13,14 35:13  
36:12,14,20 37:3,5  
40:4 41:3,7,22 45:10  
46:3,11 47:3,4,11,  
19,25 48:1 49:14,24  
50:5,14,25 51:7,13,  
23,24 52:21,22 53:22  
54:24,25 55:1,9  
56:8,21 57:11 58:25  
59:1,21 60:17 61:17,  
18 62:11 66:4,9,17  
67:11,23 68:10,24  
69:5,18 70:6,22  
71:10,11,19 72:3,4,  
13,20,21 73:4 74:1,  
15,25 75:1,7,8,15,21  
76:1,10 77:13,14,22,  
23 78:18,19 79:15  
80:4,15,19,22 81:5,  
13,14 82:3,12,18  
84:5,14,21 85:4,5,  
13,23 86:5,14,19,25  
87:4,10,18 88:2,14  
89:1,9,16,22,23  
90:5,6,19 91:1,14

92:6,14,20 93:3,12,  
13 94:12,21 95:1,18  
96:7,12,18 97:10,17,  
18,24,25 98:8,16  
99:3,19 100:18  
101:25 102:12,19  
103:1,8,23 104:6,19  
105:6,11,16,22  
106:14,19 107:1,2,  
13,23,24 108:22  
109:2,11,22 110:8,23  
111:15,21,23 112:13  
113:16,22 114:3,9,14  
115:23 116:11,18  
117:7,19 118:4,24  
119:19 120:3,14,25  
121:7,17 122:2,14,19  
123:2,8,17,23  
124:15,23 125:6,15,  
16 126:5,12,14,21,22  
128:7,23 129:5,11,  
14,16,24 130:6  
131:4,10,14 132:4,  
10,11,16 133:3,13,  
24,25 135:2,3,15,21  
136:5,6,9,12,13,25  
137:3,11,12,24  
138:3,22,24 140:5,9,  
21 141:21,22 144:1,8  
145:1,19 147:23  
148:8 149:5,13,14,21  
150:15,16 151:9,10  
152:6 153:6,7 156:2  
158:21,22 159:4,17,  
24 160:12,14,17  
161:4,7,16,18 162:8,  
14 163:2,10,19 164:7  
165:3,9 166:19  
167:1,9,11 168:23  
169:5,7,12,13 170:6,  
7,13 172:2,3 173:17,  
21 174:17,24,25  
176:16,22,23 177:3  
178:23 179:8,9 180:2  
181:7,13 182:4,25  
183:10 186:24 189:12  
191:17 193:16,17  
194:12,22 195:17  
197:6,7 203:9 205:1  
207:3,4 209:17  
210:18 211:10,11  
212:8,15,19,20  
213:7,11,22 214:10  
215:2 216:7,20

218:17 219:9,14  
220:2,17,18 221:1,2  
222:3,4 226:18  
227:8,9 228:9 231:21  
233:8,15 234:7,8,22,  
23 235:14,15 236:3,  
11,18 237:17 238:10,  
18,19,25 239:1  
243:7,8,25 244:7,8  
245:2,3,6,16 246:25  
248:3 249:1 251:5,19  
252:2,3,11,24,25  
253:9,21 254:21  
256:1 258:9 260:24  
261:1,8 262:16,18,19  
265:1,11 266:25  
271:6,18 272:8,13,19  
273:2,11,19,20 275:8  
276:13 277:23 278:18  
290:7 297:3,13  
302:5,25 303:7,9  
304:9,18,24,25  
305:6,12 308:10,11  
310:8,15,21 311:2  
312:1 316:15,21,23  
317:4,12 318:18  
319:3,7,13,16,21  
320:2,7 321:18,25  
322:24 323:8,25  
324:22 325:19 326:23  
327:6,12 328:18  
332:17  
**formal** 33:17 48:16  
278:5 307:25  
**format** 47:16  
**formed** 37:9 177:2  
214:14  
**forms** 137:7  
**Formulary** 83:19  
**formulations** 318:21  
**forum** 229:17,19,24  
230:3,4,6,12,16,17,  
18 231:10,15 232:23  
233:4,17,18 235:8,20  
236:17  
**forward** 50:22 239:20  
315:15 330:19  
**Forwards** 330:24  
**found** 183:14 184:14,  
24  
**foundation** 21:18,21,  
24 22:5,11 23:3,9  
43:16,23 45:11 46:4,

U.S. LEGAL SUPPORT  
(877) 479-2484

12 53:22 56:22 59:3  
94:13 95:2 96:19  
97:11,19 99:20 104:7  
107:14 109:12 110:8,  
24 111:16 112:14  
113:17 114:15 116:12  
126:6,13 128:8  
129:6,17,25 138:23  
142:18 144:2,9  
145:2,20 147:22  
148:9 150:17 151:1,  
11,20 152:2,10,16,25  
153:2,3,9,10 154:16,  
19 155:3,25 156:1,  
10,20 158:23 160:13,  
14,18 161:3,5,8,17,  
19 162:15 163:1,3,8,  
11,20,21 164:7  
165:4,10 166:18,20  
167:1,10,12,15,18,20  
168:8,9,13 169:6,12,  
14 170:1,12 171:19  
172:13 173:12  
174:13,21 177:6  
178:16 180:24  
183:17,19 184:9  
189:2 191:2,18  
193:11,18 194:13,15,  
22 195:5,6,17,21  
196:9 197:6,8 198:8,  
23 200:20 202:13,15,  
23 203:7 204:1  
205:2,11,12 206:11  
207:5,16 208:9,11  
209:7,14,18 210:18  
211:10,12 212:21  
213:4,18,22 214:10  
215:2 216:7 225:9  
228:9 230:10 232:10  
233:10 236:4 237:1  
252:12,25 256:2  
260:25 267:2 271:7  
273:21 275:7,9  
278:19 304:25 306:2  
316:22 321:6

**Foundation/state**

211:3

**foundations** 306:9**fourth** 76:21**fracture** 243:19**frame** 333:18**framework** 260:4 294:1

**franchise** 94:6 97:16  
108:3,7 109:6 113:15  
128:21  
**Francisco** 7:16  
**Franklin** 176:10  
**fray** 40:25  
**free** 159:13 332:21  
**frequency** 28:15  
**frequent** 33:22  
**frequently** 29:1  
**Friedman** 240:5,10,15,  
23  
**friend** 244:1  
**friendly** 130:19  
243:25  
**friends** 130:20  
**front** 124:25 126:25  
188:24 256:15 258:13  
**FSMB** 249:20 250:1,2,  
3,9,11,16,20,21,23  
251:2,15 252:17  
256:25 260:3 261:6,  
10,12 262:6,8,13,14  
263:1,8 276:3  
**FSMB's** 249:8,13  
**full** 195:19 221:24  
238:7  
**Fullerton** 12:25  
**fully** 45:14 218:13  
279:6,8  
**fund** 175:25 176:3  
205:4,7 206:17  
264:8,10,24  
**fundable** 206:6  
**funded** 189:10 200:1  
221:23 222:9 251:1  
**funders** 199:13 264:20  
288:24  
**funding** 20:22 21:3  
22:10,15,21 29:5  
38:19 40:6,24 41:2,  
17 42:2,5,6 44:18,19  
47:16 140:3 149:10  
151:4 152:3,11 153:4  
170:5,10,17 172:22  
173:8,13,25 174:10,  
14,23 175:4,5,6,15  
176:24 178:7 179:13  
186:16 199:3 206:3,  
10,15 209:9 222:7  
247:21,25 248:22

256:6 264:3,7 265:9  
273:16 276:3 288:25  
304:14 320:16 321:2,  
6,16 322:11  
**fundings** 175:6  
**fundraising** 172:7  
**funds** 173:2 178:19  
182:21,23 183:4,5,14  
185:1,2,10 186:22,23  
204:24 256:20,24  
258:7 259:21 262:5,8  
**future** 10:1 11:2  
138:9 272:16

---

**G**

---

**gain** 50:2  
**gala** 199:6  
**Gallagher** 202:17  
**game** 221:8  
**Gary** 176:10  
**gathering** 64:9  
**gave** 48:24 128:14  
155:2,24 156:14,17,  
25 157:7,10,13,16  
158:3 159:1 160:9  
161:2,14 162:25  
164:3,11,15 165:7  
166:15,25 168:5,7,12  
169:3,10 177:11  
194:16,19 195:4,25  
196:1 221:11 251:14  
252:8,13,16 253:13,  
16,19,24 254:2,6,12,  
16,19 255:7,22 268:1  
293:21  
**general** 13:18 34:20  
130:15 179:2 180:9  
306:16,17  
**generally** 47:13 86:12  
219:25 220:10  
**generate** 111:19  
**generated** 112:10  
**generic** 319:1 320:5  
**generous** 204:15  
**gentlemen** 63:19  
**gesture** 30:24  
**Gilson** 182:22 184:9  
185:13 186:15,23  
**give** 30:17 31:16  
32:11 34:10 43:25

54:7 61:25 82:6  
132:8 170:17 179:13  
183:2 185:8 187:2,3,  
16 201:9 209:12  
243:15,16,18 246:12  
266:6 268:14 269:3  
289:1  
**giving** 35:12 172:16  
195:23  
**go-to** 211:9  
**goal** 52:19 53:18  
54:23 55:2,6 56:7,  
12,14 57:17,18 58:23  
190:9 224:23  
**goals** 56:18,19,24  
140:11 145:13  
**good** 7:4 11:23 93:4  
169:18 192:18,24  
218:22 227:14 246:15  
277:8,12 279:18  
**Gordon** 8:10,11,19  
**government** 232:8,13  
271:13  
**Government's** 268:24  
**governmental** 166:3  
232:24  
**gradually** 34:6 52:10  
**graduated** 299:21  
307:11  
**grammar** 274:8,15,16,  
23 278:9  
**grand** 32:12 99:23  
**grant** 39:2,21 40:1  
44:18 46:8,22 47:22  
179:2 180:10,12,17  
184:8,13,16,17,18  
185:8,9 187:16  
190:3,6 194:11,17,20  
195:1,4,11 196:1  
202:21 204:24 205:7  
206:3 207:2 249:19  
250:3,20 251:15  
252:8,14,17 253:13  
255:8 259:21,25  
262:14,16,21,23  
276:2  
**grants** 41:3 44:22  
179:1 180:9 184:7  
195:4 262:7,9 263:4  
**graphics** 33:24  
**great** 9:10 145:9  
223:18

**greater** 96:3 226:6  
277:11  
**green** 67:18  
**Greenwich** 306:14  
**grew** 150:8  
**ground** 214:14  
**grounded** 306:19  
**grounds** 139:9  
**group** 20:13 21:9,15,  
18 23:10,19 48:16  
82:1 89:8 175:24  
242:24 244:21  
258:22,23 259:5,6,7,  
8 293:2 306:22  
318:20  
**groups** 104:11 119:10  
176:25 230:9 233:18  
234:14 258:22  
**growing** 205:9,24  
**growth** 224:25 225:8  
**guess** 64:24 233:22  
259:1 278:5 297:14  
**guessing** 100:9  
**guidance** 293:22  
**guidelines** 101:12  
105:2 120:23 142:9  
176:8,11,19,21,25  
177:1,3,4,7,20  
179:19,25 249:20  
250:4,21 251:2  
**guiding** 142:24 293:20  
**guilty** 240:7,11,14  
263:24 265:14 266:1,  
11,13,22,23 267:11,  
15 268:2,5,17 271:3,  
16 272:11  
**guys** 169:19 248:13  
333:8,23

---

**H**


---

**habits** 60:12 61:5,15  
74:24 78:15 84:20  
90:25  
**Haddox** 273:24 274:4  
275:6 276:10,17  
277:18,21  
**half** 243:5 307:13  
**hall** 40:16  
**hand** 34:2 196:12  
270:24

**handed** 63:8 65:11  
94:3 155:16  
**handing** 37:13 158:5  
161:25 165:23 215:9  
**handled** 182:24  
**Hang** 186:7  
**Hannah** 8:12,19 10:9  
**happen** 12:5 32:9  
35:10 63:24 64:9  
125:20 184:5  
**happened** 34:2 40:22  
42:3 184:4 185:12  
187:17 200:5 218:20  
219:4 220:6 230:23  
291:20 323:7  
**happening** 30:11  
125:19 184:23 195:23  
**happy** 17:14 40:5  
141:8 144:18 333:7  
**hard** 36:1 40:10,11  
74:7 90:9 98:2  
110:16 150:7 193:23  
195:18 209:24 234:9  
246:9  
**harm** 238:22  
**harmful** 238:14 245:11  
247:7  
**Harvard** 299:7 306:17,  
18 307:24  
**HCP** 143:10,11  
**head** 42:25 49:10  
108:11 265:21  
**headed** 103:18  
**heading** 113:25  
**headline** 193:2  
**Headquarters** 100:9  
**heal** 243:20  
**health** 38:21 99:15  
100:14 191:24 261:25  
278:22,23  
**healthcare** 27:22 28:4  
51:22 60:13 131:17  
134:21 135:24 143:12  
147:8 148:3 275:24  
**hear** 182:20 312:14  
**heard** 7:8 287:24  
293:8 323:11,18  
**heightened** 283:16  
**Heins** 188:10,11,12  
**held** 202:7 241:2  
260:14 270:6 279:13

<p>helped 201:4,18 221:15 264:8,10 helpful 221:6,9 315:14 helping 92:8 hereinafter 38:17,18 271:14 Hetherington 141:7 Hey 326:9 HHS 277:1 hidden 235:2 high 74:19 292:3 high-cited 91:22 higher 75:4,6 145:16 highest 75:12 84:10, 19,24 highlight 120:12 325:22 Highlights 190:10,19 highly 108:20 hiring 40:16 history 324:1 Hogan 224:6,9 hold 48:24 53:23 134:9,24 holder 139:13 holding 268:8 Homeland 166:3 honestly 138:5 175:1 189:13 230:23 256:22 honoraria 19:25 20:10 29:23 30:10,13,15, 16,18 31:8,10 32:13 36:24 58:19 73:1 honorarium 32:10 40:20 43:14,17,22 hope 222:10 hoping 218:6 Horwitz 257:12 hospice 298:20 hospital 13:18 32:12, 13,15 99:15 303:22 306:14 hospitality 120:11 hotly 261:24 Houman 8:6 hour 228:14,15 333:5, 9,25 hours 9:17,18 333:14, 24 334:1</p>	<p>HQ 100:3,6 107:11 hundred 108:25 253:13,19,24 254:2 hundreds 111:13 hung 16:18 hurt 141:20 hydromorphone 242:18 hypothetical 222:5</p> <hr/> <p>I</p> <hr/> <p>i.e. 97:7 idea 59:5 89:24 97:14 177:10 183:6 185:4 207:17 230:5 243:11 276:21 288:25 ideas 230:17 294:14 306:22 327:19 identified 50:3 67:17 68:22 69:2,7 identify 50:7 70:13 109:16,21 110:3 282:19 328:12 identifying 70:19 ignorant 10:3 image-related 242:9 imagine 221:4 immediately 324:19 326:12 immune 130:9 impact 140:20 147:12 224:24 225:8 impacted 149:9 imperatives 50:3 implanting 303:15 implement 180:21 232:18 233:5 implementation 181:1 implemented 126:20 implicitly 310:18 implied 275:20 implies 179:11 imply 231:14 importance 75:19 96:11,16 97:15 98:6, 11 105:10 important 85:11,15,25 86:2 87:8,16 91:16 136:15 237:11 238:2 293:20 302:1,6</p>	<p>311:13 imposed 179:19 impossible 226:1 impressions 190:13,16 impressive 328:1 improper 127:22 141:3 161:5 207:14 218:9 220:21 221:19 222:2 227:7 improperly 207:24 improve 148:19 176:25 in-depth 90:18 inaccurate 326:16 inadvertent 64:11 inadvertently 185:24 inappropriate 60:1,5 230:20 231:3,16 inappropriately 62:4, 8 incident 275:5,11,13, 15 include 18:2,5,7,10, 15 19:1,4,6 67:16 82:15 114:1 118:22 119:25 123:15 133:18 167:6 190:21 191:10 199:18 200:11 262:16 285:4 290:21 295:21 329:16 330:7 included 31:6 75:24 203:3 275:22 278:16 280:14,18 281:2 330:14 includes 62:20 69:10 119:9 120:22 135:8, 10 261:19,21 including 14:4 22:9 34:10 41:4 71:7 91:11 117:18 131:8 135:25 143:9,24 144:7 151:7 155:9 170:20 174:6 191:15, 21 231:7 271:25 273:15 287:16 310:25 Incomplete 222:5 incorrect 326:10 increase 61:14 72:16 145:18 199:14 234:4 increased 62:1 increasingly 33:18,21 34:24</p>
--	---	--

February 26, 2019

22

<b>independence</b> 134:17 289:3	231:4,20 238:23 242:9 294:10,13 311:20,23 315:16 332:22	<b>instances</b> 44:4 291:2 <b>Institute</b> 278:22 <b>Institutes</b> 278:23 <b>institution</b> 33:10 47:22 <b>instructed</b> 185:8 187:15 <b>instrument</b> 42:8 <b>Insys</b> 167:6 <b>intact</b> 63:9 <b>integral</b> 241:10 274:11 <b>integrate</b> 102:10 <b>integrity</b> 226:7 <b>intend</b> 125:2,10,11 140:3 206:8 <b>intended</b> 30:23 125:22 126:1 234:6 272:3,5 326:15 <b>intending</b> 61:13 <b>intent</b> 125:19 137:18, 24 138:4,6,9,19 283:3 284:18,23 <b>intention</b> 15:3 60:11, 18 61:4,8 <b>intentionally</b> 241:14 <b>intentions</b> 227:15 <b>interact</b> 109:10 <b>interacted</b> 150:13 302:13 <b>interaction</b> 82:16 87:7 <b>interactions</b> 282:11 <b>interacts</b> 57:16 <b>interest</b> 61:23 62:2 130:10 139:19 150:5 184:2 218:22 223:18 231:23 246:16 276:6 <b>interested</b> 21:15 82:10 170:20 274:9 <b>interests</b> 140:13 230:7,18 284:25 <b>interfere</b> 147:4,20 <b>interfering</b> 54:2 220:15 227:6 <b>intermediary</b> 225:24 226:16 <b>Intermezzo</b> 235:10 <b>internal</b> 26:14,15 73:2 149:2 224:5
<b>independent</b> 34:22 36:2 37:7 45:25 53:9,16 73:6 90:14 98:18 130:13 136:16 221:14 228:6 235:18 246:14 278:4 281:15, 20,24 282:7,11 286:14,15 290:6,11 293:13,16 294:9,12, 15,17 301:16,23 302:2 304:6,16 305:16 328:14,20 329:5,16,17 331:11 <b>independently</b> 217:17 221:5 281:8 306:20 309:14 330:25 332:16 <b>indications</b> 115:13,15 <b>indifferent</b> 221:10,16 <b>indirectly</b> 61:12 149:11 264:23 285:17,19 287:10 292:16 304:14 320:16 321:3,9 322:11 <b>individual</b> 107:19 143:23 240:16 306:21 <b>individuals</b> 67:17 143:7 <b>industry</b> 37:1 42:1,2 57:17,19 131:2 134:14 152:3,11 153:4 170:19 183:20 184:22 193:11 231:4, 6,20 233:17,24 258:23 259:6,7,8 303:12,19,24 <b>Industry's</b> 57:17 <b>influence</b> 23:11 60:11 61:4 70:16,19,20 71:8 72:2,10 73:3 77:10 81:2,10,20 82:8,9,11 83:7 84:3 85:2,6 86:23 87:8 88:25 89:19 90:3,18, 24 91:12,17 92:25 93:5 94:24 103:22 104:2,3 106:25 111:13 136:3 137:9, 25 138:15,20 140:1 143:8 144:18 145:7, 10 147:8 148:3,14 218:10 220:22 227:21	<b>influenced</b> 70:10 75:18 144:19 <b>influences</b> 143:24 <b>influencing</b> 23:14 77:6 84:19 87:16 89:14 144:25 145:11, 14 232:24 <b>influential</b> 21:9,13, 16 23:3,6 27:10,23 28:5 70:8 77:20 78:14 81:21 92:12 191:24 <b>info</b> 66:25 67:4 <b>inform</b> 103:13 <b>informal</b> 278:7 <b>information</b> 33:23 66:15 78:17 90:9 136:1,21,24 137:7 151:25 155:14 158:12 159:3 166:13 221:12 225:22 228:5 237:13 238:15 244:11 289:20 303:13 306:3,4 330:8 <b>informed</b> 312:18 313:17 314:11 <b>initial</b> 241:18 242:1 259:25 <b>initially</b> 259:23 263:15 277:9 <b>initiated</b> 152:24 <b>initiative</b> 177:12 203:3 205:6 206:2,25 251:16 252:17 276:5 <b>initiatives</b> 202:18, 20,22 209:3 <b>injuries</b> 272:1 <b>innocent</b> 219:2 <b>input</b> 277:3 315:13 <b>inquiring</b> 250:17 <b>inquiry</b> 151:16,21 152:1,23 155:7,13 162:5 166:4 168:20 250:1 <b>instance</b> 31:16 139:7 144:20 282:8,20 284:3 285:4,5 304:23 314:1 320:5	

229:15 234:4 298:21  
306:13 307:13,15,17,  
21  
**internally** 58:23  
77:19 78:13 207:1,7,  
21 209:4  
**international** 202:8  
**interplay** 187:18  
**interposed** 55:20,23  
**interpreting** 136:20  
**interprofessional**  
21:14 202:5  
**interrupt** 54:4,5  
129:16 140:9,22  
289:8  
**interrupted** 250:13  
274:14  
**interrupting** 54:6  
**interruption** 93:25  
**intervention** 179:18,  
19  
**interviews** 120:12  
**intricate** 138:14  
**introduce** 64:21  
**introduced** 206:22  
208:25  
**Introduction** 330:19  
**Introductions** 330:23  
**investigate** 293:22  
**investigator** 120:11  
**Invitation** 43:9  
**invited** 29:2 305:4  
**involve** 121:12  
**involved** 20:13 21:17  
23:19 39:22 40:3  
58:17 81:8,9 99:18  
102:17 124:20 130:11  
132:19 180:12 198:1  
203:12 213:2,5,9,14,  
18 214:12 215:1  
219:19 220:7 227:4  
283:20,23,25 284:2,  
7,12 286:18,22  
287:3,11,19  
**Involvement** 229:17  
**involving** 121:4  
**IOM** 180:22 181:1,11,  
19,20,24  
**ironic** 306:6  
**issue** 159:2 276:5  
282:22 308:17,20

324:5,7,18 325:13  
**issued** 166:4  
**issues** 10:11,18,21  
28:7 94:19 111:10,12  
175:25 176:7 223:17  
283:5,20,23 288:5  
299:16 300:7  
**items** 198:19,22 209:9  
229:13,20  
**iterations** 177:5  
**IWG** 259:5,16

---

**J**

---

**J&j** 258:3,7  
**J&j's** 257:18  
**James** 188:10,11,12  
**JAN-MS-00403640** 210:8  
**JAN-MS-00483184** 42:21  
**JAN-MS-02533811** 68:5  
**Janssen** 8:18 14:4,14  
18:5,11,14 19:4  
43:5,9,21 51:20  
58:20 65:20 66:3,6  
68:14 70:13,18 72:9,  
15,25 73:24 74:23  
77:19 78:13,16 79:4  
80:12 81:18 84:2  
87:14 92:24 135:12  
166:24 167:6 169:10  
172:25 174:15 177:20  
209:14 211:8 214:2  
256:5,21 265:5 273:5  
**Janssen's** 90:3 91:8,9  
92:4 210:6  
**January** 45:8 146:21  
173:5 182:13 271:23  
**Japan** 43:9  
**job** 52:12,13 57:19  
71:6 73:8  
**John** 8:11 10:15  
**Johnson** 8:7 14:4,5,  
14,15 18:10,11,12,13  
135:10 162:12,25  
163:17 164:3,10,11,  
15,25 165:6,7,13  
259:7,8 273:5,6  
**Johnson's** 162:12  
**Join** 42:15 144:3  
145:21

**Jones** 278:1  
**Josh** 258:4  
**Joshua** 257:12 258:2  
**journal** 76:4 83:11  
84:11,25 85:11 86:3  
101:2  
**journals** 139:11  
**judge** 12:19 127:11  
141:4,7  
**judgment** 301:16,23  
302:2 304:7,17  
305:17  
**July** 173:7 197:5  
199:2 215:16  
**June** 39:17  
**jury** 12:20 30:12  
208:17

---

**K**

---

**keeping** 11:10  
**Keigo** 7:14  
**Ketchum** 215:15  
**key** 61:12 67:17  
68:20,22 69:2,9,12  
70:13,19 71:7,23  
77:17,18 78:12 79:5  
81:2,10 87:23 88:5  
89:5 91:10 92:24  
94:5,18 98:6,11  
99:18 102:16 103:6,  
7,10 104:16 105:14,  
25 106:21 110:5  
113:13 116:16  
117:11,17 120:9  
125:12 128:19  
129:13,22 139:9  
143:3,7,23 144:7  
147:3,20 149:2  
189:24 192:13  
**Kim** 198:17  
**Kimber** 45:8  
**Kimberley** 197:1,4  
199:10  
**kind** 33:17 78:7 140:1  
178:4 200:20 235:20  
260:3 262:11,22  
278:5,10 289:18  
306:8 314:15  
**kinds** 103:12 234:14

**King** 248:22 254:2,12  
**knew** 37:9 53:2,12  
 54:20 56:4 58:22  
 78:9 214:8 227:18  
**knowing** 214:4 234:5,  
 21 235:25  
**knowledge** 16:21 56:23  
 58:11 69:8 71:13  
 91:12 93:1 125:18  
 126:17 132:18 136:10  
 137:1,8,25 139:6  
 149:9 235:8 244:25  
 245:21 250:10,23  
 272:10 274:12 282:17  
 289:2 295:9,11  
 296:11 317:17 323:22  
**knowledgeable** 28:21  
 244:22  
**KOL** 66:15,25 67:16,  
 18,19,20 68:6,16  
 73:3 77:8,9,10  
 88:20,25 94:18 98:23  
 99:23 100:15,21  
 103:18 104:2,22  
 105:20 107:9 109:6,  
 18 112:17 114:1  
 117:2 123:15 143:10  
**KOL-SPECIFIC** 129:3  
**KOLS** 70:16 76:23  
 88:6,13,19,20 89:8  
 90:24 92:8 95:5  
 96:3,11,16 97:15  
 102:10,24 109:16  
 111:13 119:13,24,25  
 120:21 121:4,12,16,  
 24,25 122:7,10,18,23  
 147:3,8,13,19 148:2  
**KOLS'** 124:13

---

**L**

---

**label** 309:20 310:6  
 311:12  
**labeled** 124:24  
**labeling** 272:4  
**labels** 310:25 311:5  
**Laboratories** 253:7  
 279:22 320:25 321:4,  
 17 322:4,19  
**lack** 10:12 56:22 59:2  
 96:18 97:10,18  
 110:23 114:14 126:12

128:7 129:17,25  
 161:5,18 208:11  
 267:2 271:6  
**lacks** 95:1 107:14  
 138:23 156:1 162:14  
 163:2,21 165:3,9  
 167:9 236:3  
**language** 315:15  
**large** 26:17 111:20  
**largely** 33:18 170:11  
 291:18  
**largest** 112:11  
**Las** 46:18  
**lasted** 174:22 175:2  
**late** 32:25 279:18  
 305:18,23  
**launch** 213:21 214:9,  
 17,18,24 215:15  
 216:3,6 217:23  
 220:25  
**launched** 241:13  
**launches** 96:17  
**launching** 214:12  
**lawsuit** 14:25 15:3  
**lawsuits** 316:4  
**lawyers** 15:14,19  
**laxative** 235:10  
**lead** 238:16  
**leader** 68:20,22 69:3,  
 9,13 71:24 77:18  
 79:5 81:3 92:24 94:5  
 98:12 99:18 103:6  
 109:7 113:14 125:13  
 128:20 129:13,23  
 143:4,23 144:7 193:6  
**leaders** 61:12 70:10,  
 14 71:7 78:13 81:10  
 83:7 85:2 87:9,15,24  
 88:5 89:5 91:11,19  
 94:18 95:11 98:7  
 102:17 103:7,10  
 104:17 105:15,25  
 106:21 110:5 117:11  
 138:14 139:9 143:7  
 147:3 149:2 205:10,  
 25  
**leaders'** 70:19 116:16  
**leadership** 67:20  
 75:25 118:21 229:17  
**leading** 280:1,6,15,  
 20,24 281:4,10,16,21

282:9,16,23 283:6  
 284:4,9,15,22 285:7,  
 13,20 286:2,24  
 287:6,13 288:9,17  
 289:11 290:22 291:5  
 292:18 293:15  
 294:11,20 295:13  
 301:18 305:20 307:2  
 309:15 310:8,15  
 311:2,7,16 312:20  
 315:4,11,24 325:24  
 326:5,13 328:22  
 329:12 330:3,10,15  
 331:17,24 332:23  
**learn** 306:12  
**learned** 51:5 225:24  
 226:16  
**leave** 133:1,2,11,15  
 185:9  
**leave-behinds** 133:10  
**lecture** 19:18 20:5  
 29:2 54:8  
**lectured** 110:21  
**lectures** 17:2,20 28:6  
 60:9 61:14 101:24  
 105:1 328:4,12,13  
 332:12  
**left** 153:10,17 162:17  
 184:24 334:1  
**left-hand** 154:9  
**legal** 7:15 45:7  
 233:21  
**legislation** 181:22  
 182:1  
**legislative** 179:18  
 191:6,12,16 192:9  
 198:2  
**legislator** 175:22  
**legislators** 191:21  
 193:14  
**legislature** 175:23  
**legitimate** 185:25  
**length** 48:2 134:17  
**letter** 37:20 38:10,15  
 151:24 152:17,24  
 154:8 162:12 250:17  
**level** 70:14,15 81:20  
 103:22 104:2,3  
 119:13 213:15 214:13  
 247:6 289:3  
**levels** 109:17

<b>leverage</b> 234:4 235:24	<b>litigation</b> 11:14 14:3	<b>made</b> 29:12 36:5,6
<b>Leveraging</b> 216:3	15:15,20 20:22 22:10	150:2 158:12,19
<b>Lewis</b> 8:4	24:22 37:18 112:9	162:18 208:1 236:21
<b>liability</b> 83:23 226:2	133:21 151:8 155:15	241:18 258:7 259:14
<b>liaison</b> 107:10 147:15	158:11 210:7 275:4	260:22 275:17 276:2
<b>license</b> 288:4	316:5	297:17,22 304:6
<b>licensed</b> 296:3	<b>living</b> 225:2	310:19 320:20 322:3,
<b>life</b> 97:2 201:16	<b>LLC</b> 279:22 322:7,12,	15 323:15,24 324:2,
204:3 237:21 242:13	16,19	13 327:16
263:9	<b>lobbied</b> 181:5 182:1	<b>Magazine</b> 223:5
<b>liking</b> 54:13,14	<b>lobby</b> 176:19 181:20	<b>maintain</b> 145:17 233:1
<b>limited</b> 112:11 143:9	<b>lobbying</b> 177:21	288:3 290:9 298:21
<b>Lincoln</b> 190:21	<b>local</b> 104:4,16 109:17	<b>major</b> 170:17
<b>line-by-line</b> 274:4	122:23 188:22 189:5	<b>majority</b> 79:19
276:11 277:21 278:9,	190:2,5,13 193:12	<b>make</b> 10:22,24 35:24
15	195:1,10 196:3	36:1,18 37:6 40:10,
<b>lineage</b> 307:11	<b>locate</b> 38:5,6	11 43:14 54:10 60:1,
<b>lines</b> 139:19 289:16	<b>located</b> 7:15	20 63:12,14 64:23
<b>linger</b> 316:9	<b>logo</b> 142:13 222:21,	92:23 127:9,14,16
<b>link</b> 91:16 116:3,9	24,25	138:1,8 150:7 170:21
124:3 241:15	<b>long</b> 13:3 29:14 32:21	179:17 181:12
<b>linked</b> 241:16	37:22 200:14 217:5	183:19,21 207:10,11
<b>linking</b> 92:8	274:6 292:9,11	209:24 238:8 242:14
<b>Lisa</b> 7:23 193:5,8	299:2,19 319:15	246:6 266:14,17
257:21,24 258:3	333:3 334:7	269:13 277:6,14
<b>list</b> 67:15 76:23	<b>long-acting</b> 300:14	279:1 293:24 321:23
90:15 126:4 173:7	<b>long-term</b> 107:6,8	<b>makes</b> 90:10,14 139:12
190:8 229:1 247:18	109:6	159:12
<b>listed</b> 68:9 70:5	<b>long-winded</b> 292:4	<b>making</b> 127:22 268:5
88:19 89:7,12 96:15	<b>longer</b> 78:7 145:17	301:5,11,16 302:3
99:23 100:15,20	265:8	304:16 324:4 327:4
104:15 106:1 116:21	<b>looked</b> 277:19 327:23	<b>Mallinckrodt</b> 254:16,
119:17 121:15,18,21	<b>lost</b> 291:17	24
156:21 157:6,9,12,	<b>lot</b> 27:17 47:15	<b>managed</b> 120:6 192:14
15,18,22 158:4 191:4	175:4,23 179:16	<b>management</b> 16:22 28:7
193:5 204:19 255:19,	198:1 217:19 237:5	60:11 70:8 71:25
21 256:9,10 323:1	274:11,22 277:5,25	78:24 92:12 97:3
329:4 330:24	280:7 293:8,10	98:13 109:8 120:7
<b>listen</b> 141:8	<b>louder</b> 17:13,14	136:11 137:2,9
<b>listening</b> 61:16 110:4	<b>loyalty</b> 114:2 123:15	192:15 225:1 237:8
140:23 199:24 204:8,	<b>LP</b> 7:7 146:17	251:17 252:19 279:25
9	<b>Luckily</b> 10:2	280:13 283:3,10,19,
<b>listing</b> 67:19,20	<b>Lumps</b> 135:4	23,24 299:15 300:5
<b>lists</b> 39:12 94:17	<b>lunch</b> 169:17,21	302:12
99:1 109:15 111:12	304:23	<b>management@</b>
120:17 121:25 122:6		<b>rodacreative.com.</b>
125:13 128:15 164:23		188:7
210:21 211:16 212:11		<b>managing</b> 289:18
232:15 331:7		<b>mandated</b> 181:19
<b>literature</b> 67:7		<b>manipulatable</b> 111:6
		<b>manner</b> 140:7 150:14
		227:7

## M

**M.D.** 9:1 39:13 96:5  
119:18 223:9

<b>manufacture</b> 249:15 318:10,13	<b>marketed</b> 108:10 114:19 132:7 295:11	<b>medical</b> 17:21 19:18 28:6,14 31:25 32:3
<b>manufactured</b> 114:25 115:3,8 238:14	<b>marketing</b> 40:16 92:9 132:15,19,22,23	33:10 38:20,22 39:22
<b>manufacturer</b> 11:18 34:10 41:16,18,21	133:22 134:1,3 136:1	40:2,8 41:4,16 46:6,
44:17 140:16 141:15	137:20 145:6,8	21 47:15,16,22,23,24
<b>manufacturers</b> 14:4 16:12 29:5 41:4	213:20 216:19 218:12	60:8 61:13 67:6,19
42:7,8 58:20 131:7	219:1,8,24 296:15	72:11,24 83:15
133:22 134:7,23	297:19 304:5 319:24	84:12,18 85:10 86:2
151:4,7,17 153:2	320:1,20 322:3,15	87:15 107:9 134:9,24
155:8 166:5,7 167:5	324:15 326:15 327:21	136:2 137:21 140:3,
170:11,21 231:7	<b>marketrx</b> 68:11	17 141:16 142:11
250:18 273:15	<b>markets</b> 144:24 190:8,	143:9,24 149:12
317:18,21,23 318:4,	20 191:1,9,12,15	170:22 176:20 201:18
5,7,13 319:25 320:5	193:13	226:4 248:19 257:25
<b>manufacturers'</b> 162:5	<b>marking</b> 24:19 62:16	258:17 275:25 288:2,
<b>manufactures</b> 322:20	182:7 187:25 222:15	3 293:19,21 299:8,22
<b>manufacturing</b> 318:3	<b>Marlene</b> 182:19	301:4,14,16,23 302:2
<b>Mapping</b> 68:6	<b>Mary</b> 178:10,13,18	303:15 304:7,12,16
<b>March</b> 142:17	182:13,19	305:16 307:11,24
<b>Margaret</b> 8:21	<b>Maryann</b> 8:24	311:19,23 312:9,12
<b>Maria</b> 188:17	<b>Mass</b> 306:16,17	313:5 328:14,21
<b>mark</b> 224:6,9 247:12	<b>Massachusetts</b> 13:18	329:5 331:11
249:4	<b>material</b> 110:4 137:20	<b>medication</b> 327:2
<b>marked</b> 24:23 37:13,15	274:21	<b>medications</b> 61:2
42:17,19 44:24 45:1	<b>materials</b> 33:20,22	<b>medicine</b> 12:25 23:20,
48:23 49:1 62:18	37:8,9,10 132:15,19,	24 24:3,7 26:6,9,13,
65:12 93:15,17	22,23 133:9,15,22	14,15 27:10 38:23
142:2,4 146:4,6	134:2 136:2 221:25	39:9 46:16 57:16
153:25 154:2 158:5,7	296:18 332:13	58:1 67:20 120:1
161:25 162:2 165:23,	<b>matter</b> 7:6 9:8 73:7,	150:24 156:18 158:19
25 170:24 171:1	14 148:11 269:1	160:11 163:18 166:17
177:23,25 182:9	<b>mattered</b> 148:13	167:20 198:7 211:22
188:2 196:12,17	<b>Matters</b> 223:3	231:1 296:4,6
203:18 210:2,4	<b>maximize</b> 70:9 71:5	298:19,20,21,25
215:9,10 222:17	<b>Maximizing</b> 120:23	299:2,5 304:4,13
223:23 224:2 232:2,4	146:25	306:13 307:13,16,17,
239:4,8 247:14 249:5	<b>meaning</b> 75:12 144:18	21 309:20,21 310:5,
257:1,4 266:4 269:3	<b>means</b> 67:5 68:17,19	7,12,14 313:4 321:7
270:2,25 271:1	74:18 80:6 85:19,21	<b>medicine's</b> 57:18
274:24 275:1 298:8	89:25 100:13 114:11	<b>medicines</b> 295:21
328:2	121:9 151:25 165:20	302:19 310:25 311:6,
<b>market</b> 51:6 58:12	212:24 252:22 253:4	12,14 318:16,19
67:5 70:14 71:5	276:15 334:1	319:1,2,6,20 320:6
131:13,17 189:5,17	<b>meant</b> 57:9	322:18
190:3,5 191:25 192:9	<b>mechanisms</b> 98:14	<b>meet</b> 40:11 117:17
195:1,11 196:4	<b>media</b> 188:22,23	118:2 120:1 197:24
241:23 242:3 249:16	189:5,17 190:5,10,	314:11
320:6	13,17 191:1,14	<b>meeting</b> 118:22 171:25
	193:12 195:1 217:8	182:22 183:16 275:16
	289:18 327:15	324:13
		<b>meetings</b> 120:10,11,13
		122:13 184:4,5

**member** 16:10 20:16  
 21:4 22:16 24:10  
 117:22 118:7 167:25  
 250:11,21,22,23  
**members** 61:6 118:9  
 125:4 171:18 172:12  
 191:24 250:9  
**memo** 45:3,7 224:5,15  
**Memorandum** 268:24  
**memory** 204:23  
**mention** 201:12 219:13  
**mentioned** 10:16 26:12  
 204:6 290:25 291:1  
 295:8  
**mentions** 67:18  
**mentorship** 276:19  
**merit** 277:17  
**message** 65:23 140:18  
**messages** 83:3 86:10  
 109:20 110:22 141:18  
 189:25 192:13 226:6,  
 9 228:6,8  
**messaging** 36:8,25  
 278:13  
**met** 12:18 197:22,23  
 198:3,15 280:10  
**methodology** 73:22  
 77:4  
**Michael** 240:4,10,15,  
 23  
**mid-** 32:25  
**mid-2000s** 33:15  
**middle** 128:3 178:10  
 204:13 239:22 289:18  
**migraines** 272:1  
**military** 202:22  
**Military/veterans**  
 203:2  
**million** 164:3 189:24  
 190:17 225:2  
**millions** 86:22 137:23  
 139:25  
**mind** 98:7,11 139:14  
 172:16 276:21  
**Mindset** 51:11  
**Mine's** 268:3  
**minimal** 309:7  
**minimum** 269:24  
**minute** 24:25 65:13  
 270:4

**minutes** 257:9 325:14  
 333:12  
**misattribution** 327:9  
**misbranding** 240:8,11  
 263:24 265:15  
**mischaracterizes**  
 34:15,17 36:13 47:5  
 110:24 121:1 123:24  
 129:17,25 160:15  
 161:19  
**misdemeanor** 240:11  
**misinformation** 245:12  
**misleading** 298:1  
 323:14,23 324:2,4  
 326:20 327:4  
**misperception** 246:5,  
 20  
**misquote** 295:9  
**mission** 222:13  
**misstate** 286:1  
**misstates** 286:3  
**mistake** 267:14  
**mistaken** 243:3  
**misuse** 284:8  
**MKT** 67:5  
**model** 249:20 250:3,21  
 251:3 293:21  
**modeling** 86:11  
**modern** 303:14  
**molar** 243:19  
**molecules** 318:20  
**moment** 215:20  
**money** 40:3,14,18 60:1  
 97:9 140:17 141:16  
 173:15 176:18 179:6  
 183:3,20 184:22  
 185:14 187:2,3,20  
 201:1 246:6 253:4  
 258:3,14 260:2,9  
 262:10 263:20  
 264:14,22  
**monies** 260:7  
**Montgomery** 7:15  
**Monthly** 210:9  
**months** 307:22  
**Montreal** 43:10  
**Morgan** 8:4  
**morning** 7:4 192:19,24  
 333:22 334:6  
**morphine** 109:1 241:4

242:6,16,24 243:4,6,  
 13,15 244:16 245:14  
**motivations** 109:8,19  
**move** 206:11 208:14  
**moving** 141:3  
**multidisciplinary**  
 21:14  
**multiple** 199:12  
 275:24  
**mute** 49:7  
**mutually** 316:25  
**Myers** 8:7,18  
**Mylan** 167:6  
**myth** 246:19 247:7  
**myths** 245:18

---

**N**


---

**naive** 227:14  
**names** 122:6 240:3,13  
**narcotics** 60:14 93:10  
**national** 70:14 76:23  
 87:23 88:5,6,20  
 104:4,16 109:16  
 119:13,24,25 120:21  
 121:4,12,16 122:18  
 181:10 190:16 206:22  
 209:1 229:21 276:25  
 278:2,22,23  
**natively** 62:23  
**nature** 134:25 176:14  
**Nebraska** 190:21  
**needed** 10:19 60:20  
 73:9 244:5,17 303:19  
**negative** 147:12  
**negatively** 140:20  
**net** 235:12  
**Network** 193:6 205:9,  
 23 211:3  
**neuropathic** 194:5  
**neutral** 220:24  
**Nevada** 46:16,18  
**newly** 206:22 208:25  
**nexus** 153:14  
**Nix** 7:25  
**nods** 42:25 49:10  
**non-cancer** 271:25  
**nonca** 114:7  
**noncancer** 114:12  
 123:22 300:21

**nonmalignant** 241:23  
 242:3,4,17,23  
**nonopioid** 174:7  
**nonopioids** 194:4  
 288:12,15  
**Nonprofit** 224:22  
**nonpromotional**  
 142:10,25  
**noticed** 9:13  
**notion** 242:8 305:15  
**Novak-tibbitt** 188:6  
 229:8  
**Novak-tibbitt@**  
**rodacreative** 188:5  
**November** 171:21  
 178:7,11 224:6  
**NUCENTA** 213:21 215:12  
 216:6 219:5  
**NUCYNTA** 49:11,12,17,  
 19,20,23,24 50:23  
 51:12,17,22 57:2  
**number** 37:18 38:2  
 39:5 62:22 77:7,8  
 80:1 89:13 96:4  
 104:15 106:10  
 111:13,19 112:9  
 160:20 171:3,24  
 172:17,24 182:16  
 188:19 208:23 229:16  
 241:20 267:22 298:13  
 300:3 327:24  
**numbers** 74:6 156:4  
**nurses** 135:25  
**nursing** 120:7

## O

**O'CONNOR** 8:21  
**O'MELVENY** 8:6,17  
**Oakland** 8:13,20  
**oath** 65:9 113:2,6  
**object** 12:2,4,6,9,10  
 14:11 17:23,24 50:5,  
 14 53:22 54:10,11,15  
 55:9,11,14 60:16  
 66:4,9,17 67:11  
 68:24 70:6 71:19  
 72:13 73:4 74:1,15  
 127:1 130:2 154:24  
 159:2 162:14 163:2  
 165:3,9 167:1,9

172:2,3 173:17 181:7  
 183:10 203:9 207:24  
 210:18 212:8,15,19  
 213:11 214:10 215:2  
 216:7,20 238:10  
 245:16 251:19 252:24  
 253:9 258:9 269:6,  
 12,19 273:11 297:3,  
 13 302:25 303:7  
 304:9,18,24,25  
 305:6,12 310:15,21  
 311:2 312:1 316:15,  
 23 317:4,12,22  
 318:18 319:3,7,12,  
 16,21 320:2,7  
 321:18,25 322:24  
 323:8,25 324:22  
 325:19 326:23 327:6,  
 12 328:18 332:17  
**objected** 17:10 285:23  
**objecting** 11:20 54:8  
 55:17  
**objection** 11:17,19,23  
 12:3,13 15:6 16:6,7,  
 15,16 17:4 18:17  
 19:11,21,22,23 20:8,  
 25 21:6,10 22:12,18,  
 24 23:4,5,17 27:11,  
 12,25 28:1,9,17,23  
 29:7,8,18,19,25 30:1  
 31:3,4,13 32:5,6  
 33:3,4,12 34:13,14  
 35:13 36:12,14,19  
 37:3,5 40:4 41:7,11,  
 19,22 42:14 45:10,  
 16,19 46:3,11 47:3,  
 4,11,19,25 48:1  
 49:14 50:9,19,25  
 51:7,13,23,24 52:3,  
 4,21,22 53:6,20,21  
 54:4,24,25 55:1,23  
 56:8,10,21 57:11,12  
 58:25 59:1,4,10,11,  
 16,21 60:3,4,15,16  
 61:17,18 62:10 67:23  
 68:10 69:4,5,18  
 70:21,22 71:9,10  
 72:3,4,5,20 74:25  
 75:1,7,8,15,21 76:1,  
 5,13,17 77:1,13,14,  
 22,23 78:3,4,18,19  
 79:6,15,22 80:4,15,  
 19,22 81:5,13,14  
 82:3,12,18,21,25

83:4,8,12,16,20,25  
 84:5,14,21 85:4,5,  
 13,17,23 86:5,14,18,  
 19,25 87:4,10,18  
 88:2,14,15 89:1,9,  
 16,22,23 90:5,6,19  
 91:1,2,14 92:6,14,  
 15,20 93:2,3,12,13  
 94:12,21 95:1,7,13,  
 18,24 96:7,12,18  
 97:10,17,18,24,25  
 98:8,16,17 99:3,9,  
 19,25 100:4,10,18,  
 22,23 101:3,4,8,9,  
 13,17,21,25 102:6,  
 12,19,20 103:1,8,23  
 104:6,12,19,20  
 105:6,11,16,22  
 106:7,14,19 107:1,2,  
 13,15,23,24 108:22  
 109:2,11,22 110:8,9,  
 13,23 111:15,21,23  
 112:1,5,13 113:16,22  
 114:3,9,14,20 115:1,  
 20,23 116:5,11,18,22  
 117:7,13,19,23  
 118:4,24 119:5,14,19  
 120:3,14,25 121:7,17  
 122:2,14,19 123:2,8,  
 17,23 124:5,11,15,23  
 125:6,15,24 126:5,  
 12,14,21,22 128:7,9,  
 23 129:5,11,14,16,24  
 130:6,7 131:4,10,14,  
 19 132:4,10,11,16  
 133:3,13,24,25  
 134:11,12 135:2,3,  
 15,21 136:5,6,12,13  
 137:3,11,12,15  
 138:22 140:5,9,21  
 141:2,21,22 142:18  
 143:13 144:1,8,9  
 145:1,19 147:22,23  
 148:8,16 149:5,13,  
 14,21,22 150:15,16  
 151:9,10 152:4,5,14  
 153:6,7 154:19,24,25  
 156:1,2,10,11,19,20  
 157:2,3,21 158:21,22  
 159:6,17,18,24  
 160:5,12,14,17  
 161:4,7,16,18 162:8  
 163:10,19 164:5,17  
 165:18 166:18,19

February 26, 2019

29

167:2,11 168:9,10,23  
 169:5,7,12,13 170:6,  
 7,12 173:21 174:17,  
 24,25 176:16,22,23  
 177:14 178:23 179:8,  
 9 180:2,15 181:8,13,  
 14 182:4 186:24  
 187:7,8 189:12,18,19  
 191:2,3,17,18  
 193:16,17 194:12,21,  
 23 195:2,12,16 196:9  
 197:6,7 198:11,23  
 202:23 205:1,11  
 206:11 207:3,4,11,15  
 208:2,11 209:7,17,19  
 210:23 211:5,10,11  
 212:20 213:22 216:8,  
 14,25 218:15,16,17  
 219:9,10,14,21  
 220:2,17,18 221:1,2  
 222:3,4 224:18 225:9  
 226:18,19 227:1,8,9,  
 10 228:9,10,11  
 231:21 232:10 233:8,  
 9,14,15 234:7,8,22,  
 23 235:14,15 236:2,  
 3,9,11,18,19 237:1,  
 17 238:18,19,25  
 239:1 243:7,8 244:7,  
 8 245:2,3,6 246:1,8,  
 24,25 248:3,4 249:1,  
 2 251:5 252:2,3,11  
 253:21 254:21 256:1  
 259:10,18 260:24  
 261:1,8 262:18,19  
 264:5,17 265:1,11  
 266:25 271:6,18  
 272:8,13,19 273:2,3,  
 19,20 275:7,8 276:13  
 277:23 278:18 279:9  
 280:1,6,15,20,24  
 281:4,10,16,21  
 282:9,16,23 283:6  
 284:4,9,15,22 285:7,  
 13,20 286:2,8,24  
 287:6,13,20 288:9,17  
 289:11 290:7,22  
 291:5 292:18 293:15  
 294:11,20 295:13,22  
 301:18 302:5 303:9  
 305:20,25 307:2  
 308:10,11,15,16  
 309:15 310:8 311:7,  
 16 312:5,10,13,20

314:7,20 315:4,11,24  
 316:21 319:12 325:24  
 326:5,13 327:13  
 328:22 329:12 330:3,  
 10,15 331:1,17,23  
 332:23  
**objections** 11:25  
 53:4,5 54:2 55:20  
 57:5 127:2,3,7,9,14,  
 16,23 164:6,12  
 165:17 211:18,24  
 214:3 245:15 277:15  
 332:8  
**objective** 69:16 70:2,  
 4 73:2 90:23 91:9,10  
 92:4,11 235:9  
**objectives** 50:1 94:19  
 109:16 224:21 232:7,  
 15 275:16,22  
**objectors** 277:15  
**objects** 12:11  
**obligated** 64:19  
 306:25  
**obligation** 301:15  
**obtain** 153:4 312:18  
**obtained** 184:16  
**occur** 41:14 44:2,5  
**occurred** 41:10 62:5  
**occurs** 44:15  
**October** 199:7 271:24  
**OD** 242:18  
**offer** 154:25 203:16  
 266:1 274:21 305:10  
**offered** 278:8  
**offering** 64:15 279:2  
**office** 8:13 40:7,23  
 42:5 133:2,12 276:25  
 278:2 304:23  
**officers** 118:15  
**offices** 105:2  
**oftentimes** 73:9  
**Oklahoma** 7:7,9,24  
 9:14 10:8,12 11:12  
 14:3 15:15 190:22,25  
 191:15 192:3,6,19,25  
 208:5 296:1,4,7,10,  
 13,16,20 297:20,24  
 298:3,6  
**OLS** 96:22  
**omit** 238:15

**one's** 74:7  
**one-down** 314:15  
**one-on-one** 120:13  
**online** 190:2,17  
**onset** 108:19 115:17  
**open** 11:7,11  
**opened** 36:17  
**operate** 130:15  
**operated** 139:6  
**operating** 152:19  
**operation** 152:22  
**opinion** 61:12 68:20,  
 22 69:2,9,12 70:13,  
 19 71:7,23 75:24  
 77:18 78:12 79:5  
 81:3,10 83:7 85:2  
 87:8,15,24 88:5 89:5  
 91:10,19 92:24 94:5,  
 18 95:11 98:6,12  
 99:18 102:17 103:6,  
 7,10 104:16 105:14,  
 25 106:21 110:5  
 113:13 116:16 117:11  
 125:13 128:20  
 129:13,23 138:14  
 139:9,13 143:4,7,23  
 144:7 147:3 149:2  
 245:10,24 282:21  
 291:7 328:15,21  
 329:6 331:12  
**opinions** 36:11 37:2  
 87:14 91:6,19 282:15  
 290:6 291:3 293:12,  
 13,17  
**opioid** 14:3 16:12  
 29:5 34:10 41:4,15,  
 17,20 42:7 44:17  
 49:20 52:20 58:20,24  
 61:9 75:13 108:20  
 116:9 124:2 131:7  
 133:21 134:7,22  
 139:15 140:15 151:4,  
 7,17 153:1 155:8  
 162:5 166:4 170:11  
 174:6 176:8,11 202:4  
 214:9 216:19 231:7  
 243:12 244:21 247:9  
 248:16 249:16 250:18  
 251:24 252:23 255:9  
 256:7 257:18 258:18  
 259:15 260:20  
 273:15,16 283:14

285:5 286:23 292:20  
293:6,11 294:2,7  
295:21 297:5 301:24  
302:21 304:3,4,13,21  
305:3,10 308:25  
309:7 312:19 313:10,  
13,14,17,20 314:2,4,  
10,17 315:1,2,9,21  
316:5 317:17 318:16,  
19 319:20,25

**opioid-naive** 145:15

**opioid-tolerant**  
115:17

**opioids** 59:19 61:6  
62:7,14 71:25 82:8  
84:4 98:13 108:9  
112:10 132:7 144:20  
170:21 194:4 200:18  
226:6 227:18 237:23  
244:24 283:25 284:3,  
8,14,20 286:19  
287:4,12 288:7  
291:3,8,16,25 293:1  
300:11,15,18,20,23  
301:1,21 302:4  
305:17 306:2 308:9,  
17 309:4 310:25  
311:5,11 312:4  
314:5,19 317:21,24  
318:11,14,23 319:10,  
15 320:20 322:3,15  
323:16,24 325:4,23  
326:1 327:5

**opponent** 291:9

**opportunities** 48:22  
217:16

**opportunity** 50:7  
147:13 186:1,3  
241:19

**oppose** 214:18

**opposed** 118:20 177:6,  
9,20 215:4 222:13  
230:11,13,24 278:12  
279:2 304:6,16

**opposite** 91:24

**opposition** 177:1,2,3

**optics** 231:22

**optimal** 109:20 110:22

**option** 244:20

**options** 244:19,21

**order** 70:7 75:19  
110:21 183:24

270:13,15,19  
**ordering** 270:11  
**Oregon** 190:21  
**organization** 23:3  
118:12,20 130:13  
224:23 228:2 231:4,  
18 234:3,18 235:23  
236:16

**organizations** 119:3  
134:8,14 135:6  
137:21 151:3,18  
155:10 158:13 162:7  
166:5,7 198:9,12  
204:16 230:8,25  
231:19 234:5,12,13,  
20 235:7,19 249:15  
250:19 265:6 272:24  
273:8 321:8

**original** 262:9 283:13  
331:4,7

**originally** 9:13

**originated** 262:6

**Ortho-mcneil** 14:5,15  
135:18 173:16 174:15  
178:20 179:23

**out-of-pocket** 31:7

**outcome** 62:4,5 232:20

**Outlet/market** 192:22

**Outlets/market** 192:18

**outlines** 313:16

**outputs** 67:8

**outrageous** 140:24

**outreach** 188:22  
189:6,17 190:3,6  
191:1,10 195:1,11  
196:4 225:25

**outweigh** 60:22 291:12

**overarching** 217:22  
318:20

**overbroad** 40:4 52:23

**overcome** 150:10

**overcoming** 189:25

**overdue** 258:3

**overlap** 67:16 289:17  
307:14

**overlapped** 262:4

**overprescribing** 62:14

**oversight** 260:3

261:13 262:11

**overview** 94:17  
215:19,25

**OVF** 113:21 116:17  
117:3 124:14  
**owned** 107:21  
**owns** 107:9 159:15  
**Oxley** 8:2 10:2 25:2,5  
40:4 50:5 140:22  
141:4,10 143:13  
144:3,9,15 147:22  
154:19,22 155:1  
156:1,10,20 157:2  
166:18 168:9 169:7  
179:8 181:8 189:18  
191:2,18 196:9 197:6  
198:23 202:23 205:12  
206:11 207:3,6,10,  
16,20 208:1,12,16  
209:7,19 218:16  
222:5 225:9 226:18  
227:1,8 228:11  
232:10 233:9,15  
236:2 237:1 243:8  
244:7 245:2,15  
246:1,8,25 250:7,14  
251:5 252:24 257:8  
265:1 275:7 276:13  
333:13

**oxycodone** 241:3,5,7,  
10,16 243:3,12,17  
244:16 245:13

**Oxycontin** 145:15,16,  
17 235:10 240:8,11  
241:11,13,15,16  
242:5,17,22 244:25  
246:23

---

**P**

---

**p.m.** 279:15 334:9,10

**packager** 257:17

**pages** 50:22 128:14  
248:11,13,16 297:10

**paid** 16:3 18:23 19:9  
32:2 33:11 43:22  
53:13 54:20 56:4  
72:25 73:17 165:1,15  
200:24 249:19 250:2,  
20 252:18 253:7  
260:7 261:6,10 262:1  
324:10 327:16,18

**pain** 12:25 13:2 16:22  
20:14,17,23 21:3,8,  
15,18,21,24 22:4,11

23:2,8,14,20,24  
24:3,7 25:17,20  
26:6,8,12,18,21  
27:2,10 28:7 38:22,  
23 39:9 43:16,23  
44:13 46:16 60:10  
67:18,19,20 70:8,14  
71:24,25 78:23 92:12  
94:6 97:15 98:13,14,  
15 108:3,6 109:5,8  
113:14 114:12  
115:16,19,25 116:9,  
16 117:2 120:1,9,13,  
23 123:21 124:3,9,13  
128:20 136:10 137:2,  
8 150:21,24 151:1,20  
152:2,10,16,24  
153:2,3,9,10 154:16  
155:3,25 156:17,25  
158:19 160:10 161:2,  
15 163:1,7,18 164:4  
166:17 167:19 168:8,  
13 169:4,11 170:1  
171:19 172:13 173:12  
174:13,21 177:6  
178:16 180:24 181:10  
183:19 184:8 189:2,  
25 192:13,15 193:2,  
10 194:15 195:5,6,20  
198:7,8 199:18,24  
200:17 202:6,13,14  
203:6,25 204:8,9  
205:20,23 206:22  
209:1,14 210:9  
211:2,17,19,22 212:3  
213:4,5,17,19 214:8,  
12 216:3 217:8,10,20  
218:6,7 222:9,11,23  
223:3,5 224:13,16,  
22,24 225:1,2,6,14,  
17,21 226:1,8  
229:17,19,21,24  
230:2,4,6,7,10,12,  
16,18 231:1,10,15  
232:23 233:4,5 235:7  
236:17 237:8,14,23  
241:5,8,15,20,22,23  
242:3,4,12,17,19,23  
243:16 250:5 251:17  
265:7 272:1 275:19  
279:25 280:13 283:2,  
10,19,22,24 284:25  
298:19 299:15,23  
300:5,21,24 302:12

307:18 309:7 313:4  
314:3 321:6,7,8  
**pain-management-**  
**related** 282:22 300:6  
**Pain-provider/patient**  
212:12  
**Painter** 7:14  
**palliative** 26:23  
38:23 39:9 298:19  
**Pam** 197:23 198:17  
**Pamela** 196:21 197:11  
199:1  
**paper** 163:24 278:11  
314:9  
**paragraph** 67:3 225:20  
240:21,25 241:12,24  
**parameters** 81:20  
84:10 85:16 86:1  
333:10,16,17,20,22  
**part** 26:7,17 37:10  
48:17,18 54:9 57:21  
62:7 64:21 73:7 78:6  
117:10,16 125:20  
136:25 137:7,18  
146:11 153:8 158:14  
163:8 176:18 181:17  
190:2 214:24 216:5  
217:5,6 230:12  
234:13 235:8 241:10  
248:18 259:8,16  
260:6 261:12 262:9,  
15 327:11 332:13  
**partial** 198:19 199:11  
**partially** 200:1 205:6  
276:1  
**participant** 236:17  
**participants** 234:17  
235:23,25  
**participate** 18:23  
43:9 48:8,11 214:7  
**participated** 55:4  
143:20 216:18 225:13  
227:13 286:13  
**participating** 19:19  
20:6,11 43:21 234:5,  
20 235:7  
**participation** 286:14  
**parties** 10:11 11:24  
**partner** 124:8 134:18  
209:16 211:9,17  
**Partner'** 211:3

**partnered** 201:13  
**partnering** 134:7,15,  
16,19 235:20  
**partners** 209:25  
210:16,21 222:23  
223:5 224:12,16,22,  
24 225:6,13,17 226:8  
303:24  
**parts** 332:19  
**party** 11:23 12:11  
317:5  
**pass** 154:3 206:22  
208:25 279:11  
**passage** 229:20  
**passed** 181:16,17  
**passing** 198:3  
**past** 42:4 289:21  
**pasted** 199:10  
**patient** 82:24 115:16  
119:9 217:18 221:20,  
21 225:25 226:14,17  
227:25 228:8 238:7,  
9,22 301:6,10,24  
304:8 306:20 311:25  
312:18 313:15 314:6  
**patients** 23:14 25:18,  
20 57:19,21 58:2  
103:15 145:15 218:7,  
10 220:11,22 225:21  
228:4 242:6,24  
244:4,14 285:1  
296:10 299:10,12,15  
300:6,10,12,15,18  
301:7,8 314:15  
**pattern** 70:16 86:23  
**patterns** 72:2 144:25  
**Patterson** 8:1  
**pause** 55:22 63:14  
270:1  
**pay** 29:16,23 30:9  
31:7,21 32:10,13  
**paying** 30:6 33:10  
59:24 61:11  
**payment** 20:9 30:19  
31:15,16 32:16 34:9  
43:14 174:3,5 176:5  
259:20 261:5,7  
262:16,25 263:5  
326:11,17,21 327:3,  
10  
**payments** 16:25 17:19  
29:12 32:22 33:8

154:13 158:12,18  
160:2 162:18 260:6,  
19 261:9 263:11  
**payments/transfers**  
249:14  
**pays** 47:21,23  
**PC** 85:12,18  
**PDD1782004399** 224:5  
**peer** 82:15 85:6 87:7  
**peer-reviewed** 83:11  
84:11,25  
**peers** 69:13 71:24  
96:6 106:25 237:5  
**peers'** 78:15 143:8,24  
**pending** 185:18 269:1  
**Pennsylvania** 269:2  
**people** 21:15 23:11  
27:18 48:19,21 91:4,  
18 103:13 118:19  
130:17 139:10,16  
144:19 145:7 189:24  
200:17 218:23 240:13  
243:16 244:15 246:16  
276:24 277:1,2,6  
278:1,3 291:13,25  
292:7,8  
**people's** 37:8  
**percent** 84:13,17 85:8  
190:9  
**percentage** 80:2  
**Percocet** 244:1  
**perfect** 64:25  
**perform** 306:25  
**period** 16:13 24:12,13  
29:15 32:25 33:7  
34:5 35:10 58:2  
95:10 143:22 166:24  
169:11 299:9,14  
315:16  
**perpetuated** 245:18  
246:20  
**perpetuating** 130:11  
247:6  
**person** 28:21 91:20,22  
188:13,15 273:22  
301:4  
**personal** 323:22  
**personalities** 241:11  
**personality** 241:10  
242:5,14,22

**personally** 43:24  
129:10,22 291:10  
**personnel** 107:10  
142:11  
**perspective** 51:11  
284:18  
**perspectives** 277:7  
**pertained** 33:25  
**peruse** 88:22  
**Pfizer** 201:8  
**pharma** 7:7 18:3 19:2  
33:18 38:12,17 43:9  
52:12 135:8 146:17  
154:18 155:9 156:16,  
24 157:7,10,13,16  
158:3 195:15 196:5,8  
204:21 230:8 234:11  
239:25 249:19 250:20  
252:8 258:21 279:22  
320:13,17 322:19  
**Pharma's** 34:2 154:7  
224:25  
**pharmaceutical** 16:4,  
25 17:19 18:24  
19:10,17 20:4,7 22:9  
29:12,16,22 32:2,9,  
14 33:9 34:9 35:6,  
11,23 36:6,9,23 37:1  
41:3 47:21 52:17,18  
53:10,19 54:23 56:7,  
12,18 57:24 58:12,19  
61:11,22 68:14 69:3,  
10 86:21 98:19  
130:15 131:1 133:21  
134:22 137:23 138:19  
139:25 140:16 141:15  
144:23 183:22 201:2  
209:11,15 218:4  
221:23 226:8,17  
228:7 234:3 244:24  
255:18 259:14  
273:14,23 282:7,12,  
14,20 285:10,24  
286:10,11,12,18,22  
287:3,11,16 288:15  
289:17 290:12,18  
291:2 292:10,11,15  
294:9 302:14,18,22  
303:5 304:5,15,22  
305:5,11 315:7 325:2  
329:9,13,25 330:6  
331:15 332:22

**pharmaceuticals** 18:16  
135:20 204:21,22  
251:14 254:2,6,12  
259:12 279:21  
**pharmacological** 49:21  
**pharmacovigilance**  
277:10 283:11,13,15,  
20 308:20  
**pharmacy** 99:10,15  
120:7  
**phone** 8:14,15 49:6,7  
93:25 141:5 183:8  
**phrase** 281:19  
**physician** 59:25  
70:16,20 71:8 72:10  
73:3 91:13 138:16,21  
213:10 220:10,23  
226:14 238:4 244:23  
245:12 251:15 299:10  
300:7 303:6 314:25  
315:8  
**physician's** 84:3  
136:9 137:8,25  
**physicians** 27:22  
46:17 58:17 61:15  
70:8,10 73:25 74:23  
77:20 79:13,20 80:12  
81:11 86:22 87:17  
92:12,18,25 95:23  
98:12 132:2 140:2  
143:8 144:25 237:11,  
22 238:16 241:3  
242:15 244:12 246:5,  
22 284:19 292:24  
293:22 306:25  
**physicians'** 90:25  
148:14  
**picture** 238:7  
**piece** 241:18 306:3  
330:7  
**pitch** 219:5  
**place** 7:11,18 10:1  
63:17 233:23 289:23,  
24 298:6  
**placement** 188:19  
**placements** 190:2  
191:11  
**places** 306:18  
**Plaintiff** 9:14  
**Plaintiff's** 24:20  
37:14 44:25 48:24  
146:5 239:5 270:25

271:3  
**plaintiffs** 7:11  
 316:12,20  
**plan** 49:12 50:1,18  
 55:7 64:20 94:6,20  
 99:16 113:14 117:6,  
 10,16 118:22 119:8,  
 24 120:21 121:5,13,  
 16 122:9,23 123:14  
 124:20 126:10,16,19,  
 20 128:4,5,11,12,20  
 129:3,10,22 146:18  
 215:15 217:22 242:21  
**plans** 123:1 125:13  
**platform** 226:9  
**played** 56:14 208:17  
 230:1  
**playing** 233:1  
**plea** 266:1,11,23  
 267:11,15 268:5,17,  
 24 271:3,16 272:11  
**pled** 240:7,10,14  
 263:24 265:14  
**plenty** 141:7  
**point** 9:20 34:4 51:16  
 61:1 74:17 76:22  
 77:4 81:18 98:3  
 104:25 105:9 115:11  
 116:2,15 117:2 119:8  
 121:20 122:12,17  
 142:22 153:5 172:5  
 212:11 216:2 219:7  
 229:16 230:21  
 264:10,21 268:4  
**pointing** 95:17  
**points** 75:18 81:19,22  
 95:22 103:21  
**policies** 232:18  
 233:5,6,19 234:19  
**policy** 206:22 209:1  
 210:9,16 229:21  
 232:17 251:3 277:1  
 278:3 293:21  
**pool** 112:11  
**POP** 205:9,23  
**Portenoy** 106:6,22  
**posed** 12:8  
**position** 12:22 13:4  
 118:18 179:24 180:5  
 208:4 291:22 314:15  
**positioning** 96:25

**positions** 292:8  
**positive** 140:7 147:14  
**positively** 224:24  
**possibly** 127:20  
**posters** 101:16 120:10  
**potency** 244:6  
**potent** 108:20 109:1  
 243:25 244:16  
**potential** 11:2 103:14  
 152:25 155:7 162:5  
 185:23 221:22 231:20  
 276:6 308:24 309:3  
**potentially** 10:19  
 36:8 219:25 238:23  
 293:1  
**pound** 330:9,13  
**Power** 205:20,22  
**Powerpoint** 68:2,5  
 69:16,24 71:17  
 73:19,21 81:9 84:7  
 88:11,23 94:5,17  
 102:9 125:14 129:4  
 142:16 215:12  
**Powerpoints** 131:24  
 149:1  
**PPLP** 37:19 232:6  
**PPLPC** 142:8  
**PR** 121:20  
**practice** 42:11 136:4  
 143:9 292:3 296:3  
 298:22 302:10,13,15  
 313:21 314:18,23,25  
**practiced** 296:6  
**practices** 97:5 143:24  
 147:9 148:4,15  
 251:17 252:18  
**practicing** 299:10  
 300:7  
**practitioners** 275:24  
**precise** 274:8  
**precisely** 305:17  
**Prefaces** 330:20,24  
**prefatory** 36:15  
**premise** 55:3  
**preparation** 15:24  
 261:11  
**prepared** 24:17  
**preparing** 64:8  
**prescribe** 59:25 60:14  
 61:6,9 91:23 139:17  
 238:6 244:13 301:1,

24 304:4,13 305:17  
**prescribed** 62:8 80:13  
 112:10 300:11,14,17,  
 20,23  
**prescriber** 75:12  
 311:21,22 313:15  
 314:14  
**prescribers** 74:20  
 111:14,19 112:9,12  
 145:14 302:1  
**prescribing** 51:21  
 53:13 54:21 56:5  
 60:12,20 61:5,15  
 62:1 70:9,17,20 71:8  
 72:2,10,16 73:3  
 74:13,24 75:19  
 77:11,21 78:15 81:3,  
 11,21 82:8,10 84:4,  
 19 86:23 87:17 90:25  
 91:13 92:25 96:5  
 97:5 109:18 110:3,20  
 138:15,17 140:2  
 143:10,25 144:25  
 147:9 148:3,14 202:4  
 204:10 237:14 238:4  
 247:10 248:16  
 251:17,24 252:18,23  
 256:7 258:19 260:21  
 273:17 283:14 285:5  
 286:23 292:20 293:6,  
 11,23 294:2,7 297:6  
 301:5,17 302:3 304:3  
 309:19 310:5  
**prescription** 50:24  
 52:20 58:24 302:21  
 304:21 305:3,10  
 310:12 311:14,24  
 312:19  
**prescriptions** 75:5  
 301:21  
**present** 7:19 14:16,  
 19,22 36:24 47:2  
 73:15 249:17 292:5  
**presentation** 142:17  
 227:20 283:4 290:20,  
 21 306:22  
**presentations** 132:8  
 280:23 284:8,13  
 285:11,16 288:6,11,  
 14 290:3,4 291:21  
 292:16 328:5,12,13  
**presented** 36:6 37:11  
 73:10,11 289:6

<b>presenting</b> 60:10 137:20 276:6	<b>producing</b> 57:20 200:13 259:25	212:6 218:21,22 281:3 286:13,17,18, 21,22 287:2,3,9,11 288:22
<b>presents</b> 47:24	<b>product</b> 92:9 96:17,25 139:20 213:1 214:8, 17 216:19 218:13 220:25 241:19 242:12,14 302:23	<b>project</b> 176:1,4 179:15 184:13 189:10 191:14 202:5,12 206:6 214:18 215:5 249:19 250:3 261:11
<b>preserve</b> 12:9	<b>production</b> 9:22 200:6 247:21,25 248:23 251:24 252:9,22 253:3,8 256:6 293:18	<b>projects</b> 120:24 175:19 176:2 179:13 183:5 185:2 187:20, 21 198:14 199:11,12, 14,17 201:25 202:1,2 229:14 230:19 231:19 250:20 261:13
<b>preserves</b> 12:2	<b>products</b> 57:17 72:16 75:5,13 80:13 93:8 115:7,9 131:3,9 133:23 170:22 201:11 219:1 225:1 292:12	<b>promote</b> 180:25 234:18 244:3 249:16
<b>preserving</b> 226:15	<b>professional</b> 16:3 18:22 19:8 25:9 27:8,20 47:14 58:16, 22 102:16 117:17 130:21 134:6,8,23 138:18 143:12 147:4 230:8 231:18 234:13 235:19 301:4,15 304:12 324:13	<b>promoted</b> 243:24 271:24
<b>president</b> 24:6 123:10 124:18 125:2,11,18 168:3	<b>professionals</b> 28:5 131:18 135:24	<b>promoting</b> 217:12
<b>president-elect</b> 24:2	<b>professionals'</b> 147:9 148:3	<b>promotion</b> 86:11 272:2
<b>presume</b> 243:14	<b>professor</b> 12:23 13:9, 13	<b>promotional</b> 241:14 296:18 320:19 322:2, 14
<b>pretty</b> 47:17 81:7,9 87:16 139:9 153:18 243:14	<b>proffer</b> 316:19,24	<b>promulgated</b> 243:11
<b>previous</b> 66:16 172:10	<b>profitability</b> 232:19 233:7 234:19 235:11	<b>pronounce</b> 283:11
<b>previously</b> 12:18 40:19 136:25	<b>profits</b> 145:18 234:4 235:24	<b>propagate</b> 245:12
<b>price</b> 242:25	<b>program</b> 16:11 20:6 38:20 39:22 40:2 41:16 44:20 46:1,6, 22 105:3 140:17,18 141:16,17 184:2 214:24 219:19 225:14 227:4 258:18,21 288:25 305:4 325:10	<b>proper</b> 114:6 123:20
<b>primary</b> 67:4 79:19 85:21,22 86:3 95:23 107:11 210:21 211:16 244:23	<b>programming</b> 52:12 138:7	<b>properly</b> 237:22
<b>principle</b> 238:11	<b>programs</b> 17:1,20 28:6 48:20 51:18,21 52:11 53:3 55:3 57:3 58:18,23 61:16 101:7 121:15 139:4,15 141:19 143:20 149:12	<b>properties</b> 49:21,22
<b>principles</b> 142:24 293:20		<b>proponent</b> 291:8
<b>print</b> 190:1 202:25 248:11,14		<b>proposal</b> 262:15
<b>printed</b> 158:16 332:3		<b>proposals</b> 262:14
<b>prior</b> 13:12,17 15:11, 15,18,22 18:20 25:17 42:4 80:21 143:18 198:25 262:21		<b>proposed</b> 194:15 255:8
<b>priority</b> 180:23 191:12,25		<b>provide</b> 24:19 31:8 33:25 38:19 39:21 45:25 55:23 58:1 61:12 64:20 73:8 77:5 199:3,11 204:24 205:7 269:14 283:4 316:19
<b>problem</b> 54:9 57:15 62:13 127:10 192:13		<b>provided</b> 9:23 20:22 21:2 22:10,15,21 24:21 34:12 37:23 39:2 44:21 46:8,23 160:3 163:17 165:21 166:13 194:11 206:2, 10 241:18 247:20,25 248:22 256:5 261:5 273:16 276:19 288:6, 11 290:3,5 297:4,8
<b>problematic</b> 245:11		
<b>problems</b> 153:11,22,23 170:2,5 306:8		
<b>procedure</b> 271:13 313:16		
<b>proceeding</b> 9:15		
<b>process</b> 94:20 184:20, 21 231:17 282:3 313:18		
<b>processes</b> 206:17		
<b>produce</b> 159:3 201:4 249:16		
<b>produced</b> 37:17 62:22 70:9 155:15 158:10 210:6 275:4		

300:17  
**provider** 38:19 310:5, 12  
**Provider,** 38:17  
**providers** 27:23 51:22 60:13,19  
**providing** 44:18 140:2 145:10 173:12  
**psychiatry** 25:22,24 26:12 298:19 306:17 307:21 308:1  
**pub** 121:4,13  
**public** 215:15 221:6 226:4 232:18 233:6, 19 234:18 261:24 266:21 324:7,11 327:19  
**public's** 218:22  
**publication** 27:5 223:12 287:18 304:15 332:7  
**publications** 27:9,21 102:3 105:1 289:5 297:2 332:3,12  
**publicly** 28:13  
**published** 139:10 273:18 276:12 277:8  
**publisher** 201:14,15 204:3,6,10 257:15,16 260:6,8,9 261:10 262:6 263:6,9  
**publishing** 121:5 313:10  
**pull** 248:6  
**pull-through** 225:1  
**pulls** 64:1  
**purchased** 159:22 254:9 255:14  
**Purdue** 7:7 8:3,22 9:7 14:21 18:2 19:1 37:18 38:12,17 39:2, 21,25 58:21 74:22 135:8 142:15 143:17, 21,22 146:2,16 147:19 148:2,7,14 154:6,18 155:2,9,13, 24 156:8,16,24 157:7,10,13,16 158:3 166:15 167:6 168:5,7 169:2,3 172:24 173:3 174:15 177:19 178:19,25 179:1,23

180:8 183:3,6,13 185:1,4 187:18,19 188:12,14,15,16 189:8,10,16 190:5 193:11,14,20,21,22 194:7,11,16,19 195:15,21,24,25 196:5,8,21 197:4,11, 18,21 198:21 199:2 200:1,4,6,7 201:2 202:20 203:14 204:21,24 206:2,25 207:6,20 209:4,14 222:24,25 224:17,25 225:8,18,23 226:13 229:14 232:8,13,19 233:1,7,20 234:17 235:12 239:25 240:2, 7 243:1 245:17 246:21 247:24 248:21 249:18 250:2,19 251:1 252:8,16 253:24 262:15 263:24 264:3,8,12,22 265:9 272:15,22 273:24 275:4,13 276:2,4  
**Purdue's** 48:11 142:24 145:13 147:12 180:12 190:2 194:25 195:10 208:14 226:20 235:9 246:16 264:25 265:10  
**purpose** 90:22 142:22 179:2 180:10 186:17, 18,22 215:4 225:5 234:6 237:15  
**purposes** 327:21  
**pursuant** 194:11  
**push** 58:5  
**put** 41:4,16 63:8 64:10 136:19 176:3 181:17 184:13 200:25 203:7 223:16 257:17 258:16,17 267:15,19 315:9,15,17 326:3 333:21  
**putting** 40:17,23,25 262:11 314:14 324:15  
**pyramid** 94:24 95:10, 11

**Q**  
**quality** 100:6,14  
**question** 12:8 20:2 35:3,9,14,17 36:17 53:8,12 54:11,12,17, 22 55:10,15,17,18,21 56:3,6,9,11,13 82:6 98:2 103:24 128:3 129:20 133:7,19 138:25 139:22 141:12 145:4 146:11 154:23, 25 155:4,17,23 158:2 159:12 175:8 185:16, 19,22 196:3 208:22 250:12 303:11 317:14 329:9  
**question's** 55:14  
**questioning** 269:20  
**questionnaire** 73:25  
**questions** 11:20 42:24 53:25 54:1,3,14 55:12 80:7 140:23 184:14 293:10 297:11  
**quick** 185:15 228:13  
**quote** 107:9 276:11

**R**  
**radio** 190:1  
**raise** 218:24 258:3  
**raised** 40:14 276:5  
**Raises** 193:2  
**Raising** 114:6 123:20  
**range** 261:15  
**ranked** 74:23 75:11 80:12  
**rankings** 67:8  
**RAO** 116:3  
**rapid** 108:19 115:17 116:9  
**rapid-acting** 124:2  
**rapidly** 227:17  
**rarely** 292:3  
**rate** 86:9 87:7  
**rated** 77:18 84:12,18  
**rating** 77:10 78:13 89:14,19 90:3  
**rational** 179:17

<b>rationale</b> 224:12,16	<b>received</b> 16:19,25	<b>recruited</b> 74:12
<b>reach</b> 147:5,20 170:18	17:19 19:16 20:3,9	<b>recruiting</b> 102:24
<b>reached</b> 170:18 189:24	26:16 29:5 58:18	<b>Reed</b> 8:12,19 10:9
190:9,20 191:1	151:4 152:2,10	<b>Rees</b> 8:12,19
316:12	154:17 162:13 167:7	<b>Reese</b> 8:10
<b>read</b> 35:14,15 43:18	174:11,23 249:14	<b>reference</b> 219:23
51:16 77:9 133:4,5	259:23 260:20 262:6	266:9 295:20 309:11
143:6 146:7 147:6	263:15,20 264:3	<b>referenced</b> 325:3
171:11 183:8,11	304:14 321:3,6	<b>references</b> 158:18
199:7,15 205:25	322:11	<b>referrals</b> 225:22
225:3,20 227:15	<b>receiving</b> 33:8 36:24	<b>referred</b> 280:4 287:23
229:21 232:16	53:15 174:14 178:19	<b>referring</b> 66:18,21
239:12,16,17 240:20	228:5 313:17 320:15	143:18 159:9 185:5
241:12,24 250:7	321:11,16 327:3	198:5 205:15 282:6
271:11,16 272:6	<b>recent</b> 275:16	293:5 313:3,25
276:7 292:21 309:20	<b>recently</b> 202:5	333:21
<b>reading</b> 42:23 56:20	<b>recess</b> 65:4 112:22	<b>reflect</b> 36:10 37:2
221:25 268:2	169:21 186:10 228:19	54:1 328:14,17,20
<b>reads</b> 196:8	270:10	329:5 331:11
<b>realize</b> 150:8 261:23	<b>recited</b> 276:10	<b>reflected</b> 56:19 84:6
<b>realizes</b> 86:13	<b>recognition</b> 114:6	290:5,11 311:12
<b>realm</b> 78:9	123:20	<b>reflects</b> 294:17
<b>reask</b> 159:11 208:22	<b>recognize</b> 61:23 178:2	298:12
308:13	182:11 197:10,19	<b>refresh</b> 204:23
<b>reason</b> 25:14 36:22	222:19 240:3,4	<b>refreshes</b> 255:17
52:7 63:23 96:4	<b>recognized</b> 184:12	<b>Regents</b> 43:15
186:1 248:24 277:17	<b>recollection</b> 30:5,6	<b>region</b> 80:3
311:1	255:18 256:8	<b>regional</b> 70:15 76:23
<b>reasons</b> 36:1 184:15	<b>recommend</b> 198:18	89:5 104:4,16 109:17
<b>Rebecca</b> 188:4,6,17	<b>recommendations</b>	121:25 122:10
229:8	180:22 181:23,24	175:19,20 205:9,20,
<b>recall</b> 16:20 30:2,10	<b>record</b> 7:5,19,20 9:5	24
35:20 41:6 44:17	10:15 11:5,9,17	<b>regional-level</b> 121:24
108:11 113:15 115:2,	12:19 17:9 35:15	122:7
12,24 128:2 151:15	36:19 37:24 54:1	<b>regions</b> 79:13 88:6,7
164:20 169:25 179:22	55:24 63:14 64:16,	<b>regulatory</b> 83:23
182:23 186:17,19	19,22 65:1,2,6	223:17
188:12 190:5 200:12,	112:21,24 127:15	<b>relate</b> 19:17 20:4
15,19,22 201:1,22	133:5 141:2 155:19	<b>related</b> 14:5,15
213:13 214:4 219:4	169:20,22 186:9,12	160:3,9 161:1,14
222:21 223:11 251:11	208:3 228:17,20	176:8 177:11,17
258:6 264:2 272:12	248:5 260:12,13,14,	182:22 212:25 255:8
273:5 274:7,16,19,20	15,19 266:18 268:15,	299:15
278:15,20,21 279:6,8	21 269:25 270:3,5,6,	<b>relates</b> 9:12,21,22,24
286:9 295:12 313:19	7,8,22 275:20	178:6 200:4 258:15
315:13 320:11,14,15,	276:11,15 278:6	<b>Relations</b> 215:16
23 321:10,14,19,23,	279:12,13,14 333:21	<b>relationship</b> 107:9,21
24 322:9,22 323:6	334:9	151:17 166:6 220:12,
324:5 327:4	<b>recorded</b> 7:5	13,15 221:20 227:7,
<b>receive</b> 34:9 41:2,17	<b>recording</b> 7:17	25 250:18
259:20 260:5 264:7	<b>recruit</b> 102:24 103:5,	
	6,10,15	

**relationships** 77:7  
 107:6,8 109:7 114:2  
 119:9 123:16 147:1,  
 12,14 155:8 162:6  
 220:11  
**relative** 70:16 82:10  
 91:12  
**relaunch** 242:18  
**release** 49:24 215:13  
 244:19,20  
**relevance** 317:22  
**Relevant** 332:3  
**relief** 13:2 217:10  
**rely** 302:22 303:4  
 306:3,4  
**remain** 204:15 316:6  
**remained** 73:5  
**remaining** 257:10  
**remember** 179:15  
 183:15 184:15  
 187:12,13 189:14  
 201:6 217:4 256:22  
 258:22 259:24 262:2  
 263:1 274:7 279:3  
 289:13 290:12 297:8  
**remembered** 278:24  
**removed** 316:8,10  
**REMS** 255:9 258:15,18,  
 20,24  
**reopening** 10:19  
**rep** 76:12 107:10  
**repeat** 20:2  
**rephrase** 158:2  
**report** 166:9,14  
 181:12,20,25 182:2  
 188:18,23 189:6,17  
 191:1 193:20 195:24  
 196:4 275:5,11,13,17  
 276:10  
**reported** 183:3  
**reporter** 8:15,24  
 13:22 17:5,7,12,15  
 53:23 120:12 265:22  
 270:11,16  
**reporting** 189:16  
**represent** 14:2 15:2  
 24:20 154:6 155:12  
 158:9,15 162:11  
 198:20 240:15 265:25  
 275:3 279:19

**representation** 45:21  
 271:9  
**representations** 10:4  
**representative** 83:3  
 86:10 132:25 133:1,  
 11 302:23 303:5,12,  
 19 304:22  
**representatives** 32:10  
 92:19 133:14 141:18  
 302:14,18  
**represented** 14:9 15:8  
 58:9 64:4 127:18,21  
 206:7,9,13 250:2  
 274:10 286:11  
**representing** 8:3  
 156:13  
**reproduced** 327:17  
**reps** 132:1 241:19  
**Reputation** 146:17  
**request** 41:15 82:24  
 154:10 158:11 162:21  
**requested** 159:4  
 262:13  
**requests** 225:23  
**require** 199:12  
**required** 34:11 35:11  
 288:3  
**requires** 145:9 285:1  
**requiring** 35:6  
**RES** 67:5  
**research** 51:6 67:5,6  
 186:17  
**researcher** 184:9  
 186:22  
**reservation** 35:25  
**residency** 26:14 101:7  
 308:1  
**resident** 307:16,17,21  
**resistance** 241:23  
**resolve** 17:11  
**respect** 23:10 178:18  
 179:24 221:19 237:22  
 280:12 281:7 283:9,  
 18 289:4 290:2,19  
 294:6,25 295:20  
 301:6,7,21 302:10,12  
 304:3 307:5 310:24  
 314:17 317:8 319:20,  
 24 324:4 327:9  
 328:11 329:4,22  
 332:12

**respectable** 139:13  
**respond** 225:23 310:2  
**Respondent** 76:22  
 81:19,23 82:1  
**Respondent's** 77:10  
**Respondents** 75:17  
 79:18 84:13,18 85:8  
 88:7  
**responding** 35:4  
**responds** 178:25  
**response** 55:24 81:24  
 86:11 154:7,9 155:13  
 158:11 159:1 162:12,  
 21 165:14 249:8  
 250:1,16  
**responses** 249:14  
**responsibilities**  
 145:6  
**responsibility** 50:12  
 136:15 145:9 301:11  
**responsible** 144:19  
 202:3 204:10 247:9  
 248:16 251:24 252:22  
 256:7 258:18 260:20  
 273:16 283:14 285:5  
 286:23 292:20 293:6,  
 11 294:2,6 297:5  
 301:5  
**responsibly** 61:1  
**rest** 250:7  
**result** 238:22 241:4  
**resulting** 67:7  
**results** 81:25 87:13,  
 23 88:24 89:5 134:3  
**resume** 24:17,21 25:8  
 332:14  
**review** 38:23 39:8  
 45:5 46:16 49:3,9  
 50:1 67:6 146:12  
 274:4 275:21 276:11  
**reviewed** 38:7 198:18  
 223:16 277:5 278:3  
**reviewing** 172:6 184:7  
**revision** 251:2  
**revisit** 9:10 12:12  
**revisiting** 11:25  
**ridiculous** 159:4  
**right-hand** 328:3  
**risk** 60:22 120:7  
 238:5,15,23 284:2,8  
 291:18 309:3,7

324:13 325:3  
**risks** 60:23 226:2  
 237:13,24 238:3  
 283:17,25 284:13,20  
 285:1 286:19 287:4,  
 12 291:12,23 292:25  
 308:24 310:13 311:6,  
 11 314:5,19 325:22  
 326:1  
**risky** 238:17  
**road** 303:17  
**Robin** 224:6,9 257:21,  
 24  
**Robinson** 8:11 9:4  
 10:6,25 11:9,22  
 12:4,15 16:6,15  
 17:24 19:11,22 23:4  
 27:11,25 28:9 29:7,  
 18 30:1 31:4,13 32:5  
 33:3 34:13,15 35:13  
 36:14,20 37:5,22  
 38:3 41:19 42:14  
 47:3,11 48:1 49:6  
 51:1,23 52:4,21  
 53:6,20 54:24 55:19  
 57:12 59:1 60:4,15  
 61:17 63:2,7,24  
 65:15 69:4 70:22  
 71:9,11 72:3,20 74:6  
 75:8 78:4,18 80:7  
 81:14 85:5 86:18  
 88:15 89:23 90:6  
 91:2 92:15 93:2,12,  
 24 97:17,25 98:16  
 100:23 101:4,9  
 102:20 104:20 107:1,  
 15,24 110:9 111:23  
 113:5 115:20 117:23  
 119:6 125:16 126:14,  
 22 128:9,22 129:14  
 130:2,7 132:10  
 133:3,24 134:11  
 135:3 136:5,13  
 137:11 138:24 141:22  
 144:1,8 145:1,19,22  
 147:23 148:8,16  
 149:13,22 150:16  
 151:10 152:4,6 153:6  
 155:18 156:2,11,19  
 157:3,21,23 158:22  
 159:18 160:12,17  
 161:7,16 163:10,19  
 164:5,7 165:18

166:19 167:2,11  
 168:10 169:5,13,18  
 170:6,12 171:5,11  
 172:3 174:24 176:23  
 177:14 179:9 180:2,  
 15 181:7,14 183:10  
 185:15,20 186:6,13,  
 24 187:7 189:12,19  
 191:3,17 193:16  
 194:12,21 195:2,12,  
 16 197:7 198:11  
 203:9 205:1,11,15,18  
 207:4 209:17 211:11  
 212:20 215:7 216:8  
 219:10 221:2 222:4  
 224:1 226:19 227:9  
 228:10,16 229:3,10  
 233:8,10,14 234:8,  
 22,24 235:15 236:3,  
 9,19 238:10,18  
 239:6,10,18,20 243:7  
 244:8 246:24 248:4  
 252:3,11,25 256:1  
 257:5 260:24 262:18  
 264:5,17 266:19  
 267:5,7,13,17,25  
 268:4,20,23 269:22  
 270:14 273:2,20  
 275:8 278:18 279:9  
 304:25 308:10,16  
 316:21 317:14 327:12  
 333:3,9,14,18,23  
 334:4  
**role** 72:7,9,15 125:17  
 126:1,8 145:11 220:6  
 223:14 229:18 230:2  
 246:11 262:10 263:5  
 278:5 306:19 321:9  
**roles** 34:4 50:12  
 53:14 54:22 56:6,14  
 118:21 230:25  
**roll** 258:24  
**rolled** 195:19  
**Rollin** 202:17  
**room** 14:10 58:8 131:8  
**roots** 214:15 243:20  
**Rosen** 197:14,23,24,25  
 198:10,14 231:11,13  
 232:7  
**roughly** 25:11 163:14  
**round** 32:12  
**rounds** 99:23

**row** 192:17 249:22  
**Rowe** 172:12 173:11,25  
 174:9 178:25  
**rows** 192:22  
**rule** 271:12 288:23  
**rules** 34:1 64:21  
**run** 40:8 44:13 118:19  
 292:9,11  
**running** 139:11  
**Rushing** 193:6,8  
**Ryan** 8:17

---

**S**


---

**Sacramento** 7:1,12  
**sad** 52:6  
**safe** 73:12 251:16  
 252:18  
**safely** 61:24 292:13  
 305:17  
**safety** 226:5 277:12  
**sales** 67:6,18 76:12  
 83:3 86:9 92:19  
 107:10 132:1,25  
 133:1,11 136:2  
 137:19 141:17 145:18  
 235:11,12 263:11,21  
**sample** 79:12  
**sampled** 79:12  
**San** 7:16  
**sand** 330:9,13  
**Santa** 190:22  
**sat** 227:15  
**Saturday** 39:16,17  
**scale** 75:20 77:11,19  
 80:17,23  
**school** 299:8,22  
 307:12,25 311:23  
 312:9,12  
**science** 107:10  
**Sciences** 201:16 204:4  
 263:10  
**scientific** 136:16  
 142:10 174:6  
**Scope** 192:13  
**scores** 106:17  
**Scott** 7:6,22 8:10 9:1  
 12:21 39:12 87:25  
 119:17 223:9 275:19

**script** 54:7  
**scroll** 328:8  
**Seattle** 182:22 184:5  
**second-to-last** 249:22  
**secondary** 107:11  
**section** 205:18 272:3  
 328:4  
**Sections** 210:16  
**secured** 191:11 192:10  
**Security** 166:3  
**seek** 11:13 42:4,5  
 232:23 256:20  
**seeking** 23:10 40:10,  
 24 174:14 191:20  
 256:24  
**seemingly** 220:24  
**segment** 117:11  
**segmentation** 94:18  
 103:19 104:3  
**segmented** 103:21  
 104:2  
**select** 111:4 248:13  
**self-evident** 309:25  
 310:4  
**sell** 52:12 56:12,15  
 57:17 58:6 93:8  
 133:22 241:19 246:22  
**selling** 51:12,17 57:3  
**seminars** 134:9  
**Senate** 151:16 152:17  
 153:15 154:7 155:7  
 156:8 162:4,12,21  
 165:14,15 166:2,14  
 168:20 191:24 249:8  
 250:1,17  
**Senate's** 155:14  
**senators** 191:10,16,21  
**send** 132:1  
**sending** 141:17 228:7  
 278:11  
**sense** 61:5 87:2  
 139:24 140:11,15,25  
 141:14,24 159:12  
 274:12 293:24 300:4  
 308:21  
**sentence** 66:21 70:12  
 189:23 190:20 271:12  
**Sentencing** 268:25  
**separate** 18:13  
**separated** 288:24

**serve** 38:15 118:21  
 313:17  
**served** 9:7 21:20  
**service** 9:23 204:21  
 217:12 324:8,11  
 327:20  
**services** 165:21  
**set** 33:19 184:1 241:9  
 296:14  
**settings** 198:15  
**settle** 317:9  
**settled** 317:2  
**settlement** 147:11  
 316:11,18  
**severe** 153:22,23  
**SFC** 196:19  
**shakes** 265:21  
**shape** 96:22  
**share** 25:6 71:5  
**shared** 179:24  
**sharing** 289:20  
**sheet** 247:17  
**shell** 226:21  
**shift** 292:7  
**shifted** 34:6  
**short** 319:10  
**short-acting** 300:18  
**shortfall** 172:6  
**show** 42:17 62:16  
 86:12 87:13 93:15  
 153:25 187:25 210:2  
 222:15 223:23 226:13  
 232:2 274:24 296:22  
 297:1  
**showed** 56:24 139:3  
 277:25 322:23  
**showing** 44:24 48:23  
 71:14,18 87:14  
 126:16 142:2 146:4  
 170:24 177:23 182:7  
 239:4 257:1  
**shown** 96:4 139:1  
 149:1  
**shows** 75:17 80:1  
 87:19 105:19 249:13  
 253:13  
**sic** 188:5 223:3 239:5  
**side** 60:21 66:19  
**sidebar** 54:16

**sides** 60:25 65:15  
**sidetrack** 127:20  
**sight** 291:17  
**sign** 327:17  
**signed** 324:9  
**significant** 136:19  
 153:11 206:21 208:25  
**signifying** 97:9  
**silly** 329:8  
**similar** 166:4 199:3  
**simply** 53:13 54:20  
 56:4 196:3  
**simulators** 194:5  
**single** 142:23 328:13  
**sir** 45:18 269:10  
**sit** 141:8 305:10  
**sitting** 14:10 140:23  
 256:14 282:19  
 321:13,22 323:5  
 328:11  
**situation** 30:8 33:19  
 39:20,25 41:14 43:20  
 44:10 182:21 302:24  
**skeptical** 98:3  
**slide** 35:11 36:5,16  
 51:4 84:9 87:22 95:5  
 102:23 103:4,18  
 107:5 108:2 117:5  
 121:24 122:9  
**slide's** 119:12  
**slides** 34:3,11,19  
 35:7 36:7,23,25  
 81:25  
**slightly** 87:8  
**slotted** 241:22  
**small** 111:13,19 112:9  
 261:12 263:14  
**smaller** 202:9  
**smart** 179:20  
**Snyder** 8:17  
**societies** 117:18  
 134:8,23  
**society** 20:14,17,23  
 21:3,8 105:2 114:2  
 120:10 123:15 150:21  
 156:25 161:15 164:4  
 169:4,11 211:17,20  
 265:7 321:8  
**Society's** 116:16  
 117:3 124:13

<b>society-specific</b> 123:1,14 124:20 128:5 <b>sold</b> 75:5 242:12 263:10 <b>solely</b> 60:1 306:5 <b>solemn</b> 306:19 <b>solicit</b> 258:7 <b>solid</b> 139:9 <b>somebody's</b> 128:11 <b>sort</b> 300:4 301:3 309:13 <b>sorts</b> 17:21 <b>sought</b> 28:20 29:1 40:6 170:5,10 <b>sound</b> 24:15 195:22 329:8 <b>sounds</b> 48:16 194:6 245:25 <b>source</b> 206:14 228:6 <b>sources</b> 67:4,17 306:5 327:15 <b>Southern</b> 46:16 306:15 <b>space</b> 279:25 280:13 283:3,10,19,23,24 <b>speak</b> 10:23 16:4 17:1,12,14,20 19:13 20:4 28:13 30:22 31:11,18 33:23 36:25 52:19 54:4 73:1 111:5 138:9 183:8 221:12 234:10 <b>speaker</b> 28:5 36:24 47:24 48:12,15 51:18,21 52:11 57:3 58:23 59:24 138:16 140:18 213:10 288:23 <b>speaker's</b> 141:17 <b>speakers</b> 31:17 34:3 48:19 58:22 59:6 74:19 122:18 289:19 <b>speakers'</b> 16:11 32:20 48:8 143:20 <b>speaking</b> 17:1 19:14, 18 20:5,10 27:20 29:17 32:3 47:13 48:22 52:16 53:3 58:18 60:8 71:23 72:1,11,24 127:2,7, 9,17,23 149:12 154:25 159:6 199:18	217:15 <b>speaks</b> 163:3,22 <b>special</b> 220:13 <b>specialist</b> 28:21 95:17 <b>specialties</b> 85:16 86:1,9 87:7 104:10 <b>specialty</b> 79:19 82:1 <b>specific</b> 61:9 77:6,8, 9 82:7,24 129:10,22 130:16 132:20 137:1 141:18 214:25 219:24 274:17 309:23 <b>specifically</b> 41:20 58:20 178:3 215:3 219:13 221:20 238:16 241:16 323:6 <b>speculation</b> 56:22 59:2 61:19 79:7 97:19 99:20 107:14 110:8,25 112:14 114:15 116:12 122:3 124:24 126:23 129:17,25 138:3,23 140:9 161:5,19 <b>speech</b> 287:18 <b>speeches</b> 61:14 <b>spell</b> 10:18 <b>spend</b> 26:17 86:21 137:23 139:25 140:17 141:16 <b>spent</b> 199:6 237:20 <b>sphere</b> 73:11 <b>spinal</b> 194:4 <b>spinoff</b> 224:13,17 <b>spoke</b> 31:25 46:22 77:8 132:9 182:19 285:24 286:10 <b>spoken</b> 15:11,14,19,23 16:10,20,21 18:13,19 <b>spokesperson</b> 213:9 <b>sponsor</b> 203:14 292:16 <b>sponsored</b> 72:25 200:3,7 248:18 260:1 273:15 285:11 287:2 288:15 292:19 <b>sponsors</b> 193:11 255:19 <b>sponsorship</b> 204:25 <b>spread</b> 199:13,17 202:21 209:5	<b>spreadsheet</b> 66:15,24 67:16 68:4 157:7 158:16 160:21,23 161:23 <b>staff</b> 118:18 184:21 185:8 187:3,15 275:16 <b>stage</b> 242:13 263:18 <b>stages</b> 201:8 <b>staging</b> 262:9 <b>stakeholder's</b> 232:25 <b>stamp</b> 68:4 <b>stamped</b> 196:19 210:7 232:6 <b>stamps</b> 224:5 <b>stand</b> 171:6 227:16 291:15 <b>standard</b> 302:7 303:4 306:24 307:6 309:11 <b>standing</b> 270:13,14,18 <b>stapled</b> 239:9,10 <b>start</b> 112:23 138:16 145:15 186:11 239:18 270:21 <b>started</b> 167:18,23 184:14 289:15 299:23 307:9 313:20 314:3 334:6 <b>starting</b> 230:5,6 <b>starts</b> 66:22 172:11 196:24 249:12 <b>state</b> 7:6,9,23 8:1,16 9:14,16 10:8,9,10 11:4 12:19 14:2 15:2,15 24:22 54:3 141:2 155:15 175:12, 13,16,20,22,25 176:19,20 177:12 179:15 205:9,24 248:13,19 257:25 258:17 275:4,25 285:23 288:3 293:18 296:1,14,22,25 297:19,23 298:2 322:22 <b>State's</b> 65:12 <b>stated</b> 54:19 56:3 94:9 156:3 161:10,22 327:18 <b>statement</b> 36:15 185:3 275:18 304:5 327:16
---	--	---

**statements** 297:17,22  
 298:1 320:20 322:3,  
 15 323:15,23 324:2,5  
**states** 37:20 38:15  
 76:22 77:4 84:9  
 87:20 88:18 94:4,5  
 96:3 98:23 104:25  
 122:12 147:3 154:9  
 162:20 168:11 194:25  
 199:2 208:24 224:23  
 229:18 230:1 241:20  
 242:17 250:19 251:14  
 253:3 258:2 266:22  
 268:25 271:4,23  
 275:24  
**stating** 202:20 209:5  
**statistical** 86:11  
**statistics** 77:5  
**status** 83:19 142:11  
 171:25 172:22 173:8  
**statute** 181:11  
**stays** 63:3,9  
**Stephen** 65:19,22  
 66:11 201:23,24  
 203:11  
**stepped** 54:12  
**Steve** 8:9  
**stimulate** 53:13 54:20  
 56:4  
**stop** 127:2,4,23  
 146:13 333:1,7  
**stopped** 33:17 34:4,24  
 41:24,25 52:11  
 133:12 260:9 262:2  
 296:13  
**strategic** 50:3 146:18  
**strategies** 107:7  
 139:4  
**strategy** 94:19 108:3  
 109:6 262:12  
**Street** 7:12,15  
**strike** 73:18 107:19  
 125:10 133:6 168:6  
 206:12 208:14,18  
 218:5 250:11 262:13  
 283:23 287:23 295:7,  
 18 297:17 298:24  
 302:11 311:21 323:21  
 331:8  
**strings** 178:21 179:6,  
 11

**strive** 37:6  
**strong** 182:23 243:4  
**stronger** 236:21  
 242:15 243:5  
**struggling** 23:7  
**students** 308:14,24  
 309:3,19,23 311:20  
 312:17 315:21  
**studies** 83:11 85:12  
 86:3 139:11  
**study** 87:13,23 88:25  
 90:18,22  
**stuff** 63:4  
**Subcommittee** 191:25  
**subject** 9:10 10:21  
 11:5 43:8 45:14  
 106:23 151:21 152:1  
 188:24 224:12 257:18  
**submitted** 189:8  
 195:15 196:4  
**subpoena** 9:6,22  
**subpoenaed** 9:13  
**Subsection** 271:21  
**subsequent** 199:9  
**subspecialty** 26:3  
 306:16  
**substance** 59:25  
 278:16  
**substances** 59:20  
 144:24 250:4  
**substantial** 152:3,11  
**substantive** 274:18  
 276:22 278:16  
**success** 96:16 113:21  
 114:1 116:20 123:13  
 124:21 125:3 126:3  
 193:14  
**successful** 242:2  
 292:12  
**sued** 317:17  
**sufferers** 226:1  
**suffering** 217:20  
**suggested** 202:24  
**suggesting** 71:20  
**suggestions** 274:18  
**suite** 7:12,16 118:19  
**suites** 120:11  
**summaries** 67:9,15  
**summary** 25:8 81:18,23  
 154:12 162:18 191:24

194:25 195:10  
**summit** 202:6,7  
**supervisor** 275:17,20  
**support** 7:15 32:14  
 38:19 40:15 42:1,6  
 44:22,23 50:2 135:6  
 140:12,13 147:4,19  
 177:12 195:5 198:19  
 199:12 202:19 204:15  
 213:21 217:23 221:8  
 222:12 230:19 232:24  
 251:15,23 252:9,17  
 254:7,13,16 255:19  
 256:6 276:4  
**supported** 181:16  
 194:2 230:22 273:16  
 276:1 286:12,17,21  
 287:10  
**supporter** 230:10  
**supporters** 109:21  
 138:10 209:25  
 247:18,20,24 258:25  
**supporting** 90:12  
 176:11 183:23 207:1  
 218:11,13 219:20  
 220:25  
**supportive** 218:25  
**supports** 236:24  
**suppose** 21:15 27:13  
 141:23  
**supposed** 30:23 230:17  
 277:9  
**supposedly** 121:9  
 122:3  
**surprise** 52:2,6 57:8,  
 10 58:4,13 71:13  
 86:16 93:7 98:2  
 110:12 111:2,4,7  
 144:12,13 195:20  
 216:5  
**surprised** 70:18,24  
 71:2 78:6 97:23 98:4  
 110:14,17 308:7  
 321:5,20  
**surprises** 216:9  
**surprising** 234:25  
**Surrounding** 46:17  
**survey** 73:25 314:9  
**surveys** 96:3 250:24  
**survive** 308:5  
**survived** 308:4

**suspect** 150:18 175:17  
187:18 219:3 221:13  
**suspecting** 195:3  
**swear** 8:25 13:20  
**sworn** 9:2  
**symbolic** 30:18,24  
31:15  
**symposia** 60:9 120:10  
134:9,24  
**symposiums** 17:2,21  
**symptoms** 192:14  
**syndromes** 241:6  
**system** 38:21 99:15  
108:19 306:14  
**systems** 319:19

---

**T**

---

**tab** 158:15  
**table** 66:19 80:1  
156:6 161:10 309:20  
**tactical** 50:13  
**tactics** 50:2 107:7  
**tail** 47:6  
**takes** 31:19  
**taking** 7:11,17 63:17  
264:13 298:5  
**talk** 34:10 35:12  
140:25 198:13 212:12  
213:5,19 214:7,12  
216:3 217:8,10,18,19  
218:6 221:13 222:9,  
11 239:15 247:13  
283:5 325:13  
**talked** 22:1 28:6 29:4  
68:15 114:18 136:24  
137:19 143:18 237:4  
247:8 279:24 325:3  
**talking** 32:24,25  
59:19 115:2 174:3  
200:17 205:19 220:10  
221:5 224:15 227:22  
228:23 254:24 260:19  
287:10 332:5 333:11,  
17  
**talks** 34:12 73:21  
87:22 102:23 108:2  
110:4 113:20 172:5  
173:2 212:6 290:13  
**tamper** 242:14

**tapentadol** 215:13  
**target** 70:7 92:11,13,  
24 104:15 109:9,19  
129:10,22 191:6,10,  
11,20 192:9  
**targeted** 112:9,16  
193:13 206:20 208:23  
244:24  
**targeting** 191:14,20  
**targets** 92:19 235:11  
**task** 232:23  
**taught** 53:10 244:15  
299:2,5 307:6 309:18  
**teach** 237:12 298:25  
**teacher** 278:11  
**teaching** 16:19 40:24  
61:25 100:20 289:19  
298:24 305:18 307:5,  
9 308:3,8,13 309:10,  
12,13 310:20 328:4  
**teachings** 282:1  
**technically** 307:24  
**technologies** 303:22  
304:1  
**television** 190:1  
**telling** 91:23 121:8  
139:16,17  
**tendency** 209:23  
**term** 20:20 23:6 68:16  
116:3,9 124:2 212:17  
242:8  
**terms** 184:20 200:13  
227:18 230:15  
**testified** 9:3 29:4  
48:7 130:24 150:20  
151:3 159:21 168:18  
248:21  
**testifying** 187:5  
220:3  
**testimony** 34:16 36:13  
47:5 143:13,18  
274:15 286:3  
**Teva** 8:5 14:5,18  
18:15,18,19 45:3  
74:23 94:4 135:20  
158:10,19,24 159:10,  
15,22 160:3,9 161:1,  
13 173:20 174:15  
178:20 179:23 209:15  
279:21 323:12,15  
324:9 325:1,2 326:6

**text** 158:17 275:18  
**theme** 241:14  
**therapeutics** 99:10  
**thing** 10:7 40:21  
246:15 288:22 309:23  
**things** 33:24 64:9  
73:11 90:11 96:15  
103:13 134:25 136:3  
137:19 138:17 140:12  
176:14 178:4 183:21  
193:10 217:18 221:4  
226:21 227:22 230:19  
278:25 290:14 291:20  
**thinking** 79:9 207:20  
209:9 279:3  
**third-party** 134:24  
137:21 151:18 155:9  
158:12 162:6 166:5,7  
250:19 321:15  
**thought** 55:3 70:10  
73:9,10 150:10  
159:22 160:6 222:25  
261:25 276:15,17  
277:17 282:2 293:19  
333:24  
**thoughtfully** 139:18  
**thoughts** 286:15  
294:14 329:17  
**thousand** 253:13,19,24  
254:3  
**thousands** 300:10  
**threatening** 242:5  
**three-year** 20:20  
**tied** 31:19 40:18  
90:11  
**tier** 109:16  
**ties** 231:5  
**Tiller** 197:2,4 198:17  
199:10  
**time** 7:13 9:20 11:8  
13:6 16:13 17:10  
21:4 22:16 29:14,15  
30:9,23,25 31:11,19  
33:7,13 35:10 58:18  
59:8 63:21 64:1 65:6  
72:6,19 78:17 123:11  
124:19 125:4,12  
141:7 142:6 143:22  
146:15 148:7 152:8  
153:9,17 163:8  
166:24 168:19  
169:11,18,23 171:11

175:23 178:4 184:8, 12 200:14 208:10 213:17 217:5 223:19 228:18 230:6 242:20 251:8,10 257:8 260:16 261:22 262:1 264:12 274:6 279:15 286:9 299:9,14 300:4 303:6 307:18,20 315:16 324:9 333:18 <b>times</b> 16:5 28:18 31:6 32:1,16 41:10,12,14 42:3 108:25 130:25 230:18 243:5 290:9 291:6 303:14 318:24 <b>timing</b> 9:25 33:14 50:12 153:15 <b>tips</b> 102:24 <b>title</b> 48:15 94:5 95:5 96:10 128:19 210:8 269:2 283:13 <b>titled</b> 49:11 69:16,22 70:1 96:2 104:22 111:9 142:22 146:16 267:23,25 268:23 277:10 <b>titles</b> 13:7 <b>Titus</b> 45:8 <b>today</b> 13:25 14:16,19, 22 15:9,18,22,25 25:17 44:15 80:11, 21,25 130:25 131:23 138:13,18 139:2 141:9 149:1 182:20 225:2 227:16 237:4 247:8 270:12 272:10 279:24 280:10 281:20 282:19 285:11 289:21,24 301:1 303:14 321:13,22 322:23 323:5,7 328:11 334:5 <b>today's</b> 11:21 <b>told</b> 72:9,15 80:11 146:2 156:8 214:2,23 216:12 219:18 333:23 <b>tolerable</b> 150:10 <b>Tom</b> 192:3 <b>tomorrow</b> 333:15 334:2 <b>tool</b> 291:16 <b>tools</b> 212:3 303:25	<b>top</b> 38:9 67:16 74:13 89:7 95:11 108:11 109:16 154:9 162:17 192:12 196:23,24 210:12 225:8 <b>topic</b> 159:1 289:1 <b>topics</b> 28:22 292:17 294:5 <b>topline</b> 224:25 <b>total</b> 73:11 88:18 157:19 165:13 167:5 173:5 188:19 190:8, 13,16 235:12 255:2 333:14 <b>totaling</b> 172:25 <b>totally</b> 10:4 141:2,3 <b>touched</b> 283:19 <b>town</b> 31:18 <b>train</b> 175:21 <b>trained</b> 205:10,24 301:4,14 304:12 306:13,15 308:23 309:2,6 311:22 312:17 315:21 <b>training</b> 26:15 105:3 306:2,9,11,16,17 307:19 309:10 311:19 312:8,11 313:23 <b>trainings</b> 25:23 307:15 <b>transactions</b> 33:16 <b>transcript</b> 208:4 270:15 <b>transcripts</b> 270:12 <b>transmitted</b> 327:15 <b>transmucosal</b> 108:18 <b>transparent</b> 236:12 <b>travel</b> 30:25 31:1,6,7 <b>treat</b> 25:20 57:20,21 217:20 241:8 299:10, 12 306:21 <b>treated</b> 25:17 296:9, 12 299:15 300:6,10 <b>treating</b> 71:25 98:14 <b>treatment</b> 26:18 60:10 98:14 114:11 116:10 123:21 124:4 190:1 237:14,15,23 250:5 <b>treatment's</b> 60:24 291:24	<b>treatments</b> 62:3 284:25 <b>trial</b> 103:5,12,14,16 207:19,23 208:5 <b>trials</b> 102:5,10,17,24 105:1 <b>trick</b> 35:3 38:4 208:13,21 249:7 251:22 316:7 <b>tricky</b> 53:7 <b>trigger</b> 51:18,21 52:19 57:3 58:24 <b>trouble</b> 78:2 130:5 144:6 <b>troubles</b> 130:14 <b>true</b> 29:11 87:17 150:18 153:3 155:2 161:12 162:24 164:2 168:7 169:2 174:22 182:5 209:6 282:24 301:7,9 307:3 319:2 <b>trust</b> 156:13 204:21 <b>truth</b> 13:25 <b>Tuesday</b> 7:2 <b>Tulsa</b> 190:21,25 191:15 192:2,5,19,24 <b>turn</b> 38:9 39:5 43:1 45:23 49:25 50:17,22 51:4 67:14 68:2 69:15 77:3 79:11 81:17 84:9 85:10 87:22 88:4,11 89:4 91:8 94:16,23 96:2, 10 98:22 102:9 105:19 107:5 108:2 111:9 113:20 119:12, 23 122:25 129:2 142:21 143:2 146:23 160:25 161:12 164:22 166:12 189:1 191:23 192:12 204:12 212:2 215:24 223:8 225:16 249:11,12,13 251:13 267:4 269:10,17 271:11 328:25 332:2 <b>Twenty-eight</b> 257:3 <b>Twenty-five</b> 239:6,7 <b>Twenty-three</b> 224:4 <b>two-day</b> 270:16,19 <b>two-minute</b> 325:16 <b>TX</b> 114:7 116:3
---	---	---

February 26, 2019

44

tying 194:6  
 type 244:11 280:4  
 302:24 307:6  
 types 64:5 281:2  
 318:14 320:1  
 typical 47:1  
 typically 20:10 80:17

---

**U**

---

**U.S.** 7:14 151:16  
 156:8 162:4 165:15  
 166:2,13 168:19  
 250:1,16  
**UC** 12:25 13:5 39:2,8,  
 21 41:2  
**Uh-huh** 27:3 38:11  
 39:8,19 106:13  
 172:23 178:12 189:7  
 190:4,15 191:8  
 193:4,7 199:20  
 223:4,7,10 249:22  
 252:20 253:10,18,22  
 256:19 257:20  
**ultimate** 224:23  
**ultimately** 139:19  
 150:2 314:21,22  
**unknownst** 234:18  
 324:16  
**unbranded** 212:6,18,24  
 213:20 216:19 218:12  
 219:7,24  
**uncertainly** 242:1  
**uncomfortable** 33:16  
 35:5 36:7,22 57:22  
 90:10,15 216:17,23,  
 24  
**underneath** 86:8  
 154:12  
**understand** 10:11  
 13:24 14:2,8,14,18,  
 24 20:21 22:8 23:7  
 27:7 53:24 64:7 65:8  
 68:16,18 70:15 90:9  
 91:12 109:8,18  
 110:20 111:3 113:2,5  
 116:8 130:24 132:6,  
 14 133:20 134:21  
 135:5,23 137:6 138:8  
 148:21 155:6 159:15  
 178:15 183:5 185:3  
 213:19 218:23

243:13,20 244:13  
 269:8 291:23 294:4  
 295:6,18,25 297:18  
 310:6,13  
**understanding** 9:16  
 61:10 68:21 72:1  
 74:22 102:15 136:20  
 213:25 231:9 245:13  
 282:2 284:24 311:10,  
 11 322:8  
**understood** 64:3,4,12  
 134:15 246:4  
**unimportant** 86:10  
**unique** 44:9,10 188:19  
 244:19  
**United** 266:22 268:25  
 271:4  
**universities** 40:9  
**university** 13:9,14  
 29:23 30:7,10,21  
 31:17 38:16,21 40:1,  
 20 41:15 43:15,23  
 44:12,19 45:24 46:9,  
 23 184:10 299:7  
**university's** 44:11  
**unlearned** 309:8  
**unmanaged** 192:13  
**unprofessional** 60:6  
**unsafe** 303:25  
**unscientific** 242:7  
**unusual** 44:1  
**update** 38:23 39:9  
 142:11 171:24 172:21  
 173:13,25 174:10  
 191:6 249:19 250:3,  
 21  
**updated** 146:20  
 193:12,14  
**urgent** 178:5  
**USA** 279:21 323:12,15  
**usage** 242:23  
**USC** 272:3  
**utilize** 232:17 234:17  
 235:23 315:21  
**utilized** 132:15 233:5  
 314:18

---

**V**

---

**vague** 34:14 37:3  
 52:22 59:3 102:19

131:10 132:4 136:12  
 137:3 218:18  
**vaguely** 182:12 188:12  
 315:13  
**Valenoti** 8:24  
**validate** 117:11  
**validation** 94:19  
 104:23 105:21 106:23  
**valued** 124:8  
**Vargas** 178:11,13  
 182:14  
**variables** 105:1  
 106:12,23  
**varied** 300:8  
**variety** 317:20,24  
 318:6  
**Vegas** 46:18  
**version** 268:18  
**versions** 274:1  
**versus** 7:7 107:10,11  
 266:23 271:5  
**veterans** 202:22  
 204:20  
**vice** 12:23 21:23  
 22:22  
**video** 7:5,10,17  
 324:20 325:2 326:19  
 327:11  
**view** 91:4 130:12  
 241:2 332:21  
**viewed** 28:4,10,11  
 48:19 97:15 144:7  
**views** 281:13,15  
 291:13 294:6,8,15,  
 18,22 329:17  
**vigilance** 277:11  
**violated** 272:3  
**Virginia** 46:17  
**visibility** 146:17  
 199:14  
**visit** 11:7 92:19  
**visits** 100:3  
**voice** 277:15  
**volume** 111:20  
**volunteers** 118:20  
**vouchers** 82:20  
**VP** 232:7

<hr/> <b>W</b> <hr/>	36:2 37:6 47:7 78:7, 8,10 90:14 130:22 134:14,23 143:21 149:3,19 150:3,6 167:21 175:21 176:25 179:3 180:10,13,18 183:22,23,24 193:22, 25 194:2,6,10,16,17, 20 195:5,21,24 198:2,6 210:1 214:12 217:17 219:3 231:19 237:12 258:23 259:5, 6,7,8 264:24 272:16, 17,23 273:7 278:4 279:24 280:4,7 281:7,8,14,20,24 282:6,10 283:2,9,18, 19,22,24 284:19 286:14 292:9	220:14 234:2,10,11, 12,16 235:17 247:4,7 267:6
wait 53:23 55:13 77:25 267:5 289:9 317:14	167:21 175:21 176:25 179:3 180:10,13,18 183:22,23,24 193:22, 25 194:2,6,10,16,17, 20 195:5,21,24 198:2,6 210:1 214:12 217:17 219:3 231:19 237:12 258:23 259:5, 6,7,8 264:24 272:16, 17,23 273:7 278:4 279:24 280:4,7 281:7,8,14,20,24 282:6,10 283:2,9,18, 19,22,24 284:19 286:14 292:9	wrote 89:14 182:13,19 196:16 223:20 245:20,23 261:23 262:14,21 263:1 293:17 295:10
waited 55:15	198:2,6 210:1 214:12 217:17 219:3 231:19 237:12 258:23 259:5, 6,7,8 264:24 272:16, 17,23 273:7 278:4 279:24 280:4,7 281:7,8,14,20,24 282:6,10 283:2,9,18, 19,22,24 284:19 286:14 292:9	Wyeth 204:22
waiting 242:18	286:14 292:9	<hr/> <b>Y</b> <hr/>
walking 303:17	worked 79:1 176:2 188:15 198:9,14 201:20,24 202:3,4, 10,14 248:18 257:24 265:6 272:24 276:18 286:10 307:11	y'all 17:11 Yale 306:14
wanted 10:24 72:19 73:1,6,8,14 78:16 79:4 148:14,25 149:8 179:20 183:21 201:9 205:7 215:1 227:23 228:1 229:15 230:19 243:2 265:8 277:3,6, 14	working 30:20 58:16 137:20 143:16,17 147:18 148:7 175:24 209:24 221:7 231:23 233:18,19,24 235:25 237:21 258:21 273:9 321:10	year 24:3,7 120:2 154:13 199:3
wanting 52:11	works 48:5	years 13:5 25:10 32:8 48:8 79:1 96:4 171:12 181:6 198:1 200:16 261:18,19 289:22 299:3,22,23, 24,25 300:10 309:9
War 38:22	worse 60:24	yesterday 67:1
Washington 175:12,13, 16,20,24 176:7 177:12 179:15	wound 324:14	Yup 190:12
Waterford 201:16 204:3 263:9	Wounds 202:11 203:3, 20 204:14 229:4,5	<hr/> <b>Z</b> <hr/>
Watson 279:21 320:25 321:4,16 322:3,19 323:1,3	write 43:13 200:24 201:19 261:6 304:21 305:3,9	Zakrzewski 8:9 10:7 268:7
ways 107:7 132:6 134:15 139:5 150:3 198:3 217:20 218:20 306:7	writer 201:18,20	
WDBA 147:11	writes 188:17 198:17	
weaker 241:3 243:12 245:14	writing 202:7 203:12 236:21 259:21 260:22 263:6,17 282:2 302:21 310:11 311:13 312:19	
website 204:15 324:15,20 326:4	written 62:24 70:17 77:9 199:21 262:22 280:14,19 301:22 311:24	
websites 99:1	wrong 48:25 186:2	
weekend 183:7		
weekly 300:7,8		
weight 106:10		
weighted 105:10 106:24		
Whitehouse 278:2		
Wisconsin 184:10		
wishes 98:19		
wondering 240:1		
word 16:18 68:15 134:14,19 283:10		
wording 116:24		
work 25:9 27:17,18 31:20 33:17 34:21,22		